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**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION**

**IN RE: NATIONAL PRESCRIPTION
OPIATE LITIGATION**

**Master Docket No. 1:17-MD-02804-DAP
MDL No. 2804**

This Document Relates to:

Hon. Dan A. Polster

ALL CASES

**CARDINAL HEALTH, INC.'S THIRD SUPPLEMENTAL OBJECTIONS AND
RESPONSES TO PLAINTIFFS' FIRST COMBINED DISCOVERY REQUESTS**

Defendant Cardinal Health, Inc. ("Cardinal Health") serves these Third Supplemental Objections and Responses to Plaintiffs' First Combined Discovery Requests (the "Requests").

RESERVATION OF RIGHTS

1. Cardinal Health's investigation and discovery are ongoing as to all matters referred to in these Objections and Responses to Plaintiffs' Requests. Cardinal Health's Objections and Responses reflect its investigation to date. Cardinal Health reserves the right to modify and supplement its Objections and Responses as appropriate.

2. These Objections and Responses are made without in any way waiving or intending to waive: (i) any objections as to the competency, relevancy, materiality, privilege, or admissibility as evidence, for any purpose, of information or documents produced in response to these Requests; (ii) the right to object on any ground to the use of the information or documents produced in response to the Requests at any hearings or at trial; (iii) the right to object on any ground at any time to a request for further responses to the Requests; or (iv) the right at any time to revise, correct, add to, supplement, or clarify any of the objections and responses contained herein.

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3. The information and documents provided in response to these Requests are for use in this litigation and for no other purpose. Any production of documents is subject to the Protective Order (Dkt. No. 441).

GENERAL OBJECTIONS

The following Objections apply to each Request whether or not specifically referred to or incorporated in each response:

1. Cardinal Health incorporates by reference any and all of its Objections to Plaintiffs' prior discovery requests, including Plaintiffs' prior Requests for Production of Documents and Plaintiffs' Interrogatories, as applicable, to the below requests.
2. Cardinal Health objects to the Preamble to the Requests as mischaracterizing Cardinal Health's responses to Plaintiffs' prior discovery requests. Cardinal Health's responses to prior written discovery responses were both appropriate and in conformance with the Federal Rules.
3. Cardinal Health objects to the Preamble to the extent Plaintiffs suggest that Discovery Ruling No. 2 applies to these Requests. Cardinal Health will comply with Discovery Ruling No. 3, which was entered by Special Master Cohen on July 17, 2018.
4. Cardinal Health objects to each Request on the grounds that it exceeds the number of written Requests that Plaintiffs are allowed under CMO No. 1, Dkt. No. 232.
5. Cardinal Health objects to the Requests to the extent that they purport to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3.

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6. Cardinal Health objects to the Requests to the extent they call for the production of information that is unreasonably cumulative or duplicative of Plaintiffs' prior written discovery requests, that is already in the possession, custody, or control of Plaintiffs or Plaintiffs' counsel, that is publicly available, or is available through less burdensome means.

7. Cardinal Health objects to the Requests to the extent they seek "All Documents" when it would be unduly burdensome and not proportional to search for or produce each responsive document.

8. Cardinal Health objects to these Requests to the extent they call for the production of information or documents that are protected from disclosure by the attorney-client privilege or the work product doctrine, or prepared in anticipation of litigation or for trial, or any other applicable privilege, protection, or immunity. Cardinal Health does not agree to produce such information or documents. In accordance with the Protective Order (Dkt. No. 441) and Federal Rule of Evidence 502(d), in the event any such protected information or documents are produced in response to these Requests, the production is inadvertent and does not waive Cardinal Health's right to assert the applicability of any privilege, protection, or immunity to information or documents, and any such documents shall be returned to counsel for Cardinal Health immediately upon discovery thereof.

9. Cardinal Health objects to the Requests to the extent that they assume any fact, event, or legal conclusion is true or that any characterization is accurate. No response is an admission of any factual characterization or legal contention contained in any individual Request.

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OBJECTIONS & RESPONSES TO DISCOVERY REQUESTS

Request No. 1:

Please produce all *transactional data* related to Opioids and/or Opioid Products for January 1, 1996 to the present; please identify the Bates stamp range for each related to *Case Track One*.

Objection and Response to Request No. 1 (July 31, 2018):

Cardinal Health objects to this Request on the grounds that it exceeds the number of Requests allowed each party by CMO No. 1, Dkt. No. 232. Cardinal Health objects to the Request to the extent that it purports to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3. Cardinal Health further objects to the Request to the extent it calls for the production of information that is unreasonably cumulative or duplicative of Plaintiffs' prior written discovery requests, and to the extent it is already in the possession, custody, or control of Plaintiffs or Plaintiffs' counsel. Cardinal Health objects to the extent this information is not relevant to Plaintiffs' requests.

Subject to and without waiving its Objections, Cardinal Health states that it has produced this data. *See* CAH_MDL2804_00000012, CAH_MDL2804_00135241, and CAH_MDL2804_00000014.

Supplemental Response and Objection to Request No. 1 (November 30, 2018):

Subject to and without waiving its Objections, Cardinal Health states that it has produced line-by-line transactional data related to distributions of opioid medications dating back to January 1, 1996. *See also* CAH_MDL2804_00617320. Cardinal Health produced this data on June 15, July 27, and August 7, 2018.

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Request No. 2:

Please produce each of your *Suspicious Order Monitoring System (SOMS)* policies and procedures since January 1, 2006 and identify the Bates stamp range for each; please identify the effective date(s) each was in force and effect.

Objection and Response to Request No. 2 (July 31, 2018):

Cardinal Health objects to this Request on the grounds that it exceeds the number of Requests allowed each party by CMO No. 1, Dkt. No. 232. Cardinal Health objects to the Request to the extent that it purports to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3. Cardinal Health further objects to the Request to the extent it calls for the production of information that is unreasonably cumulative or duplicative of Plaintiffs' prior written discovery requests, and to the extent it is already in the possession, custody, or control of Plaintiffs or Plaintiffs' counsel.

Subject to and without waiving its Objections, Cardinal Health states that it has produced documents responsive to this Request. *See* CAH_MDL2804_00059048–00059300; CAH_MDL2804_00124800–00124924; CAH_MDL_PRIORPROD_AG_00000001–0015503; CAH_MDL_PRIORPROD_DEA07_00000001–01174970; CAH_MDL_PRIORPROD_DEA08_00000001–0000284; and CAH_MDL_PRIORPROD_DEA12_00000001–00015258. To the extent Cardinal identifies additional documents responsive to this Request after a reasonable search, Cardinal will produce those documents to Plaintiffs.

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Supplemental Response and Objection to Request No. 2 (November 30, 2018):

Subject to and without waiving its Objections, Cardinal Health states that it has produced numerous copies of its policy and procedure documents relating to its monitoring of controlled substances. Cardinal Health produced the first set of such documents on May 31, 2018, and has continued to produce additional relevant documents on a rolling basis, some of which were copies of documents that had been previously produced to Plaintiffs. In addition to the documents identified above, Cardinal Health has also produced the following policies and procedures: CAH_MDL_PRIORPROD_HOUSE_0002197, CAH_MDL_PRIORPROD_HOUSE_0002201, CAH_MDL_PRIORPROD_HOUSE_0002207, CAH_MDL_PRIORPROD_AG_0028688–CAH_MDL_PRIORPROD_AG_0029955, CAH_MDL_PRIORPROD_DEA07_01181142, CAH_MDL_PRIORPROD_DEA07_01188070–01188720, CAH_MDL_PRIORPROD_DEA07_01383136, CAH_MDL_PRIORPROD_DEA07_01383814, CAH_MDL_PRIORPROD_DEA07_01383895, CAH_MDL2804_02098431–02098560, CAH_MDL2804_02879959–02881151, and CAH_MDL2804_02903953–02905699. Cardinal Health made its production of these documents on the following dates:

May 31, 2018: CAH_MDL_PRIORPROD_HOUSE

June 22, 2018: CAH_MDL_PRIORPROD_AG

June 29, 2018: CAH_MDL_PRIORPROD_DEA07

October 12, 2018: CAH_MDL2804_02098431

November 2, 2018: CAH_MDL2804_02879959

November 21, 2018: CAH_MDL2804_02903953

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Supplemental Response and Objection to Request No. 2 (January 22, 2019):

Cardinal Health submitted Ingredient Limit Reports to the DEA from at least 1995 through late 2007. Ingredient Limit Reports reflected purchases by Cardinal Health customers that exceeded predetermined monthly limits. *See, e.g.*, CAH_MDL_PRIORPROD_DEA07_01383940-R; Deposition of Steve Reardon (Nov. 30, 2018); Deposition of Eric Brantley (Nov. 27, 2018). Based on a reasonable investigation, Cardinal Health states that the predetermined limits were based on industry-standard system developed by the National Wholesale Druggists' Association in conjunction with the DEA. *See* CAH_MDL2804_01465724; CAH_MDL_PRIORPROD_DEA07_01383895-R.

Ingredient Limit Reports were created on a monthly basis for each of the following customer classifications: hospitals/managed care, retail customers, and Other. *See* CAH_MDL_PRIORPROD_DEA07_01384165-R. For each customer classification, Cardinal Health calculated the total grams of each controlled substance in schedules II–V purchased in the last twelve months. Cardinal Health then calculated the monthly average grams purchased by customers in each classification. *See* CAH_MDL2804_01465726. Cardinal Health then multiplied the resulting averages by factors approved by the DEA, which resulted in the maximum amount of those substances that customers could purchase or receive in a month without their orders being included in the Ingredient Limit Report. The factors as they were applied by Cardinal Health were included on the face of the reports provided to DEA. *See* Deposition of Steve Reardon at 446:12–21 (Nov. 30, 2018) (explaining that Ingredient Limit Reports were “developed and approved by the DEA” and that Reardon “didn’t determine the factors”). *See also* CAH_MDL_PRIORPROD_DEA07_01384157-R (factor of 2 used in an Ingredient Limit Report from 1995); CAH_MDL_PRIORPROD_DEA07_01120515-R (factor of

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4 used for ARCOS-reportable controlled substances and a factor of 8 used for non-ARCOS-reportable controlled substances in an Ingredient Limit Report from 2007).

On a monthly basis, an Ingredient Limit Report was created by customer classification showing all orders for customers that exceeded the parameters set forth above for that particular month. Although DEA guidance provided that customers need only be included in the Ingredient Limit Report if their “purchase quantities exceed the parameters [in] any (2) consecutive months or in three (3) of any moving six (6) month period,” Cardinal Health took a more conservative approach and reported customers that exceeded the parameters in any single month. *See* CAH_MDL_PRIORPROD_DEA07_01384165-R.

According to the DEA, the format developed by the National Wholesale Druggists’ Association “provides an excellent framework for distributor registrants to ‘. . . design and operate a system to disclose to the registrant suspicious orders of controlled substances.’” CAH_MDL2804_01465732. The DEA further stated that the system “will meet the reporting requirements of 21 CFR 1301.74(b).” *See* CAH_MDL2804_01465732. Further assurance of the acceptance by DEA of Cardinal Health’s system is the fact that these reports with the “factor” used clearly enumerated for every customer were accepted by the DEA for many years.

This response has attempted to identify the relevant policies and procedures over a thirteen year period. Cardinal Health’s policies were regularly updated to remain current and provide the best guidance for anti-diversion and compliance with DEA guidance. Additional policies and procedures may appear in Cardinal Health’s production and Cardinal Health reserves the right to identify such policies and procedures through expert reports or witness testimony.

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Request No. 3

Please identify and describe each *suspicious order* your Suspicious Order Monitoring System (SOMS) identified since January 1, 2006 and produce all documents related thereto; please identify the Bates stamp ranges for each related to *Case Track One*.

Objection and Response to Request No. 3 (July 31, 2018):

Cardinal Health objects to this Request on the grounds that it exceeds the number of written Requests that Plaintiffs are allowed under CMO No. 1, Dkt. No. 232. Cardinal Health objects to the Request to the extent that it purports to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3. Cardinal Health objects to this Request on the grounds that it is overly broad and unduly burdensome, calling for “All” documents. Cardinal Health objects to the Request to the extent it calls for the production of information that is unreasonably cumulative or duplicative of Plaintiffs’ prior written discovery requests, and to the extent it is already in the possession, custody, or control of Plaintiffs or Plaintiffs’ counsel.

Subject to and without waiving its Objections, Pursuant to Federal Rule of Civil Procedure 33(d) and in accordance with Discovery Ruling No. 3, Cardinal Health has previously produced centralized records of orders placed by Cardinal Health customers in the City of Cleveland, Cuyahoga County, and Summit County that the company reported to the DEA and state regulators from January 1, 2013 to May 29, 2018. These records can be found at CAH_MDL2804_00000013. Based on a reasonable investigation to date, Cardinal Health has determined it does not have centralized records of orders for opioids placed by Cardinal Health customers in the City of Cleveland, Cuyahoga County, and Summit County that the company reported to the DEA and state regulators before January 1, 2013. To the extent that additional

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responsive documents can be located after a reasonable search, Cardinal Health will produce such documents.

Supplemental Response and Objection to Request No. 3 (November 30, 2018):

Cardinal Health further objects to this Request because it does not, in fact, seek a description from Cardinal Health of the operation and evolution of its suspicious order monitoring program, even though Plaintiffs represented to Judge Polster on November 20, 2018 that it did. Cardinal Health further objects to this Request insofar as the purported basis for Plaintiffs' complaint to Judge Polster was that they allegedly did not have information concerning the operation and evolution of Cardinal Health's program. They plainly did, as Cardinal Health first began producing documents in this case on May 31, 2018, and has continued to do so on a rolling basis. As of October 25, 2018, Cardinal Health had produced over 2.9 million pages of documents to Plaintiffs, a substantial number of which describe the operation and evolution of Cardinal Health's anti-diversion and suspicious order monitoring programs. In addition, Plaintiffs deposed Cardinal Health's corporate representative, Jennifer Norris, on August 7, 2018, and other witnesses with knowledge of Cardinal Health's suspicious order monitoring program on or before November 30, 2018. Plaintiffs asked some questions related to Cardinal Health's suspicious order monitoring program and had ample opportunity to ask many more, but did not.

Subject to and without waiving its Objections, Cardinal Health responds as follows:

Cardinal Health has always intended and believed it was acting in compliance with the relevant statutes, regulations, and guidance that DEA provided about what it expected distributors to do in order to be in compliance with same. Cardinal Health's anti-diversion program has evolved over time to reflect DEA's guidance and changing expectations. Cardinal

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Health's program strives at all times to balance the requirements for effective controls against diversion with access for patients with legitimate medical need to these FDA-approved medications from DEA-licensed doctors and pharmacies.

Federal regulations require Cardinal Health to report to the DEA "suspicious orders" of controlled substances, which are defined as "orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency."¹ To meet that responsibility, Cardinal Health has operated and continues to operate a controlled substance monitoring program. Through time, Cardinal Health has enhanced and evolved its system to ensure that it remains state-of-the-art, continues to comply with DEA guidance as that guidance has changed over time, and to adjust to other factors impacting the distribution of controlled substances.

Cardinal Health's anti-diversion and pharmaceutical distribution regulatory compliance teams consist of trained individuals, including investigators, statistical auditors and data analysts, former law enforcement, pharmacists, and compliance officers deployed on-site at our pharmaceutical distribution centers, in the field, and at corporate headquarters. Over the years, these efforts have resulted in the identification of thousands orders which were not filled and which were reported to DEA as suspicious because they did not meet Cardinal Health's conservative criteria. Our anti-diversion efforts have also led us to terminate distributions of controlled substances, or refuse to establish accounts, to hundreds of pharmacies. Cardinal Health's controlled substance monitoring program and scrutiny of its pharmacy customers meets or exceeds all DEA requirements.

¹ 21 C.F.R. § 1301.74(b).

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Cardinal Health has always monitored and reported a variety of information to the DEA. Cardinal Health reports to DEA distribution data related to controlled substances in the form of ARCOS data, which tracks distributions of controlled substances; submits order forms for controlled substances along with information on drug thefts and losses; and verifies that its customers possessed valid DEA registrations. Cardinal Health has also conducted (and continues to conduct) investigations of pharmacies. For example, over the years, Cardinal Health has investigated pharmacies believed to be engaged in internet sales, pharmacies that serviced pain clinics, and other pharmacies generally, to obtain information regarding their potential risk for diversion of regulated pharmaceuticals. Cardinal Health has cut off distributions of controlled substances to pharmacies based on those investigations. Further, Cardinal Health has engaged regularly in communications and meetings with the DEA dating back to at least the early 1990s regarding developments in the industry and diversion practices, as well as Cardinal Health's anti-diversion practices and procedures. These discussions have informed Cardinal Health's anti-diversion program.

From at least 1995 through late 2007, Cardinal Health understood DEA to want suspicious orders reported to the Administration in the form of ingredient limit reports.² Based on guidance from the DEA, *see, e.g.*, CAH_MDL_PRIORPROD_HOUSE_0002207, Cardinal Health understood DEA to want orders for opioids reported that exceeded a calculation endorsed

² Cardinal Health has produced ingredient limit reports and excessive order reports to Plaintiffs. *See, e.g.*, CAH_MDL_PRIORPROD_DEA07_02784240; CAH_MDL_PRIORPROD_DEA07_02784237; CAH_MDL_PRIORPROD_DEA07_00837724; CAH_MDL_PRIORPROD_DEA07_01330206. We also understand that such reports may exist in custodial file documents that have been produced to Plaintiffs. Cardinal Health has conducted an investigation and does not believe it currently retains centralized records of the ingredient limit reports it made for customers in the Track One jurisdictions.

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by DEA or that a wholesale distributor otherwise identified as unusual in size, pattern, or frequency. *Id.*³ Cardinal Health reported such orders. *See, e.g.,*

CAH_MDL_PRIORPROD_DEA07_01383895, CAH_MDL_PRIORPROD_DEA07_01188323.

Cardinal Health used the published calculation to identify the orders it reported on the ingredient limit reports.

Distribution centers also reported “excessive” orders to the DEA.⁴ Cardinal Health’s policies instructed cage and vault personnel to monitor and identify individual orders that appeared excessive in relation to other customers’ purchases and/or that customer’s purchase history. To assist staff in identifying excessive orders, Cardinal Health developed a Dosage Limits Chart which listed products that were regularly audited by DEA and which had high potential for diversion. Distribution center employees were advised to report these excessive orders to DEA and copies of such orders were to be maintained in the facility’s suspicious order file. In some instances, DEA advised Cardinal Health to release and ship those orders. In other

³ The documents cited throughout Cardinal Health’s Responses to Request No. 3 are merely examples of the millions of pages of documents Cardinal Health has produced reflecting its controlled substances anti-diversion and suspicious order monitoring programs over the years. By providing these examples, Cardinal Health is not suggesting that it has not produced or does not intend to rely in this litigation on any of the other documents it (or any other party or third party) has produced reflecting these programs. To the contrary, Cardinal Health specifically reserves all rights to make use in these proceedings of any produced or publicly available document.

⁴ Cardinal Health has produced excessive order reports to Plaintiffs. *See, e.g.,* CAH_MDL_PRIORPROD_DEA07_01190057; CAH_MDL_PRIORPROD_DEA07_01190055; CAH_MDL_PRIORPROD_DEA07_01191265; CAH_MDL_PRIORPROD_DEA07_01190943; CAH_MDL_PRIORPROD_DEA07_01191199. We also understand that such reports may exist in custodial file documents that have been produced to Plaintiffs. Cardinal Health has conducted an investigation and does not believe it currently retains centralized records of the excessive order reports it made for customers in the Track One jurisdictions.

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cases, it instructed Cardinal Health not to ship those orders. In yet other instances, Cardinal Health made the determination not to ship such orders. *See, e.g., id., supra* note 5.

In 2006 and 2007, Cardinal Health received additional guidance from DEA, including guidance from certain “Dear Registrant” letters and from a conference in September 2007. *See, e.g.,* CAH_MDL_PRIORPROD_DEA07_00832705. After this additional guidance, Cardinal Health understood DEA now to want orders that were unusual in size, pattern, or frequency in a way that Cardinal Health believed posed an unreasonable risk of diversion to be both reported *and*, for the first time, not shipped. Based on DEA’s guidance, Cardinal Health reported and cut orders that rose to that level, as well as reported customers it cut off entirely due to diversion concerns. Orders exceeding a customer’s threshold were not shipped unless an anti-diversion professional determined under the totality of the circumstances that the order for opioids was not likely to be diverted. Cardinal Health established threshold limits for its customers through a methodology that included – at a high level and among other things – differentiating customers through segmentation, evaluating historical controlled substance sales data per drug family, per month for each segment, applying the DEA’s multiplier per drug base code, and incorporating information gained through the “Know Your Customer” processes.⁵ *See, e.g.,* Deposition of Jennifer Norris (Aug. 7, 2018); Deposition of Nicholas Rausch (Nov. 16, 2018).

DEA did not require that all orders exceeding a customer’s threshold or otherwise flagged for further review by Cardinal Health be reported to the Agency. Instead, it specified that orders exceeding threshold should be reviewed by Cardinal Health to determine whether

⁵ Cardinal Health has produced numerous policy documents related to its thresholds and its methodologies during the time period of 2008–2012. *See, e.g.,* CAH_MDL_PRIORPROD_HOUSE_0001135; CAH_MDL_PRIORPROD_AG_0029504; CAH_MDL_PRIORPROD_AG_0029446; CAH_MDL_PRIORPROD_AG_0029417.

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they were actually suspicious. If Cardinal Health concluded they were, those orders were to be reported to DEA and not shipped. In contrast, if Cardinal Health determined that an order was for a legitimate purpose and not likely to be diverted, or was not actually suspicious, no reporting requirement existed. *See, e.g.*, CAH_MDL_PRIORPROD_HOUSE_0004009; CAH_MDL_PRIORPROD_AG_0029446 and other documents cited in Cardinal Health's response to Request No. 2, *supra*.

In 2007–2008, Cardinal Health began working on developing a centralized electronic monitoring system. Throughout the development of this system and its enhancements, the company has engaged a number of consultants to help with data collection and analytics. The Company has also engaged consultants to assist Cardinal Health in enhancing the Company's Controlled Substance Anti-Diversion Program. The consultants include:

- *Deloitte*. Cardinal Health retained Deloitte at various times between 2007 and 2012. Part of Deloitte's work was to assist in a project management capacity with business and technology enhancements to Cardinal Health's Controlled Substance Anti-Diversion program.
- *IBM Watson*. In approximately 2009, Cardinal Health engaged IBM Watson to develop a customized, sophisticated case management system for use in monitoring and evaluating customer orders of controlled substances. This database was launched in 2010 and is referred to within Cardinal Health as Anti-Diversion Centralization, or ADC.
- *Ohio State University*. Cardinal Health engaged Dr. Julia Higle, Chair of Ohio State University's Integrated Systems Engineering department, to develop a methodology based on historic customer data to assist Cardinal Health in proactively identifying customers who warranted additional scrutiny.
- *Dendrite/Cegedim/Buzzeo PDMA*. BuzzeoPDMA and Dendrite were both acquired by Cegedim, which is now part of IQVIA (formerly IMSQuintiles). Cardinal Health engaged Dendrite in 2007 to consult on Cardinal Health's on-site investigations program, and used Dendrite to assist with on-site pharmacy investigations. Cardinal Health continues to use investigators from Buzzeo/Cegedim to assist with on-site pharmacy investigations.

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- *Pharmacy Compliance Group (PCG)*. Cardinal Health has engaged PCG in the past to assist with on-site pharmacy investigations.
- *Avantha Business Solutions*. Cardinal Health has sporadically engaged Avantha to assist with on-site pharmacy investigations.
- *Healthcare Advising*. Cardinal Health engaged Healthcare Advising to assist Cardinal Health in validating its threshold methodology.

Cardinal Health explained its anti-diversion program, policies, procedures, and processes to DEA personnel in January 2009. The Agency did not indicate that the Company's anti-diversion program was not in compliance with the law or DEA guidance, nor suggest any changes to it.

Based on guidance from the DEA in 2012, Cardinal Health has since reported to the DEA orders of opioids by customers in Track One jurisdictions that exceed that customer's threshold for that opioid product.⁶ Cardinal Health enhanced its threshold methodology to determine the threshold for each customer based on the customer's prescription volume and purchasing history from Cardinal Health. Individual customer's prescription counts serve as the foundation of Cardinal Health's enhanced threshold-setting methodology. To determine an individual customer's threshold, Cardinal Health takes into account the individual customer's total prescription volume (for all medications), national dispensing averages for similarly sized stores, and a set of objective criteria that includes, *inter alia*, the percentage of prescription drug dosages that consists of controlled substances; the percentage of oxycodone and hydrocodone

⁶ Cardinal Health has produced multiple policy documents related to thresholds and its methodologies and procedures regarding same between 2012 and 2018. *See, e.g.*, CAH_MDL_PRIORPROD_HOUSE_0000485; CAH_MDL_PRIORPROD_HOUSE_0001004; CAH_MDL_PRIORPROD_HOUSE_0001038; CAH_MDL_PRIORPROD_HOUSE_0001069; CAH_MDL_PRIORPROD_HOUSE_0000640; CAH_MDL_PRIORPROD_HOUSE_0001097; CAH_MDL_PRIORPROD_HOUSE_0001113; CAH_MDL_PRIORPROD_HOUSE_0000348; CAH_MDL2804_00063466-468; CAH_MDL2804_00124800-00124924.

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that consist of certain, commonly prescribed dosages; and the percentage of all prescription drug dosage units that consists of opioids. Cardinal Health has continued to enhance this methodology.

Cardinal Health understood DEA in 2012 to want, as a general matter, orders for opioids reported and not shipped when they were determined to be unusual in size, frequency, or pattern based on Cardinal's conservative methodology, regardless of whether or not, under the totality of the circumstances, Cardinal Health believes the order is indicative of diversion. There are limited circumstances in which an anti-diversion professional determines that an order that exceeded the customer's threshold is not suspicious and therefore may be shipped and need not be reported; for example, when a hospital exceeds a threshold during an emergency situation or when a customer inadvertently ordered the wrong amount (e.g., by mistyping the order quantities).

Cardinal Health further responds that, in addition to the documents cited in its initial response, it has produced other documents in response to this request. *See* CAH_MDL2804_01287526-01287713. Further, pursuant to Fed. R. Civ. Pro. 33(d), Cardinal Health states that orders identified and reported as suspicious by Cardinal Health and documents reflecting the operation and enhancements to Cardinal Health's anti-diversion and suspicious order monitoring programs may also be contained in its prior productions as well as the files of the custodians Cardinal Health has agreed to produce. By October 25, 2018, Cardinal Health had produced over 2.9 million pages of custodial file documents and prior productions. Cardinal Health will also produce additional documents in accordance with the parties' agreements. The burden of deriving or ascertaining the answer from these documents will be substantially the same for Plaintiffs and Cardinal Health. Cardinal Health has provided Plaintiffs with the

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opportunity to examine these records and to make copies, compilations, abstracts, or summaries by producing these documents to them. In addition, Cardinal Health has produced a significant amount of metadata.

Cardinal Health further responds that in the ordinary course of business, records are retained by Cardinal Health under its Records Management Policy for the prescribed period. *See* CAH_MDL_PRIORPROD_AG_0002507–2562. Retention periods of documents may be extended if subject to a legal instrument or hold. Documents that are no longer subject to retention pursuant to the policy, law and/or regulation, or a litigation hold may (but will not necessarily) be discarded. Based on a reasonable investigation, Cardinal Health has determined it does not have centralized records of orders for opioids placed by Cardinal Health customers in the City of Cleveland, Cuyahoga County, and Summit County that the company reported to the DEA and state regulators before January 1, 2013. (During earlier time periods, suspicious order reports were submitted to the DEA manually and not stored in a centralized location.)

Supplemental Response and Objection to Request No. 3 (January 22, 2019):

Cardinal Health further objects to this Request because it is impossible to identify all documents related to each suspicious order identified since January 1, 2006, which would include any email, note, or other related correspondence from the numerous teams of people responsible for anti-diversion. Nor is it possible to identify or describe all phone calls that may have been made between various employees of Cardinal Health and DEA concerning suspicious orders or customers. Importantly, documents have been produced from agreed-upon custodians pursuant to agreed-upon search terms and parameters, as well as non-custodial sources. Almost all of these custodians have had significant day-to-day responsibilities for overseeing and/or carrying out Cardinal Health's controlled substance monitoring program at various points during

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the relevant timeframe. Cardinal Health has endeavored to provide as much information as possible to explain the working of its suspicious order monitoring system as it evolved over time and to identify and describe suspicious orders identified and related documents.

Subject to and without waiving its Objections, Cardinal Health responds as follows:

From at least 1995 through late 2007, Cardinal Health reported suspicious orders to the DEA on Ingredient Limit Reports. *See, e.g.*, Deposition of Jennifer Norris (Aug. 7, 2018), Deposition of Steve Reardon (Nov. 30, 2018); Deposition of Eric Brantley (Nov. 27, 2018). DEA was aware that this was the method used by Cardinal Health for more than ten years without any indication that this process was not an acceptable means to fulfill the regulatory requirements. As previously described, Cardinal Health's Ingredient Limit Reports were calculated based on an industry-standard system developed by National Wholesale Druggists' Association in conjunction with the DEA. *See* Response to Request No. 2.

Pursuant to Special Master Cohen's January 2, 2019 ruling, Cardinal Health states that it has conducted reasonable searches of its document productions in this matter and has identified 922 documents reflecting Ingredient Limit Reports. *See* Appendix A. Within that collection, Cardinal Health identified 49 documents reflecting Ingredient Limit Reports that include DEA numbers of customers in Track One jurisdictions. *See* Appendix B.

Cardinal Health searched its production for Ingredient Limit Reports by running a text search for "ingredient* w/10 limit" within the universe of produced documents, including the DEA documents that were clawed back. Cardinal Health then reviewed the results and isolated the documents reflecting Ingredient Limit Reports. To locate Ingredient Limit Reports that are related to customers in Track One jurisdictions, Cardinal Health searched within the identified collection of 922 documents for those that hit on electronic searches for the DEA numbers of

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Cardinal Health customers in Track One jurisdictions from 1996 – 2018.⁷ Plaintiffs have had these DEA numbers in their possession since at least July 27, 2018, when Cardinal Health produced distribution data going back to 1996.

Because some of the produced Ingredient Limit Reports are scans of hardcopy documents, the DEA numbers of customers and other information contained in those reports may not have been accurately processed by optical character recognition software. Consequently, some of the Ingredient Limit Reports produced by Cardinal Health, including those for customers in Track One jurisdictions, may not have hit on the electronic searches and therefore are not included in Appendix B.⁸

Cardinal Health further responds that the Wheeling Distribution Center, which distributed 94% of the opioid medications shipped by Cardinal Health to Track One jurisdictions from 1996 – 2018, no longer maintains Ingredient Limit Reports. The industry-standard retention policy for Ingredient Limit Reports was two years, *see* CAH_MDL2804_01465727, which is consistent with federal regulations, *see* 21 CFR § 1305.27. Thus it is neither surprising nor unexpected that Cardinal Health no longer possesses these reports in the ordinary course of business.

Cardinal Health further states that 15.5% of the opioid medications distributed by Cardinal Health to Track One jurisdictions from 1996 – 2001 were shipped from the Findlay

⁷ Cardinal Health identified 4,123 documents, including document families, in its production that hit on the search term “Ingredient Limit Report,” the results of which are reflected in Appendix C. Cardinal Health identified 9,405 documents, including document families, in its production that hit on the search term “ILR,” the results of which are reflected in Appendix D. In order to respond to Special Master Cohen’s ruling as expeditiously as possible, Cardinal Health has not undertaken a document-by-document review of the documents identified in Appendices C and D. Because of the size of the files, Appendices C and D are included as Excel files.

⁸ To search manually, attorneys for Cardinal Health would have to look for over five hundred DEA numbers, one number at a time, in documents that are often hundreds of pages long. Both plaintiffs and defendants would bear an equal burden to undertake this extraordinary task.

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Distribution Center, after which that Distribution Center no longer shipped opioid medications to customers in the Track 1 jurisdictions. After the Findlay Distribution Center closed in early 2011, the physical records from that facility were sent to Cardinal Health's Aurora Distribution Center. In October 2018, Cardinal Health confirmed with the Aurora Distribution Center that, consistent with both Cardinal Health and DEA document retention requirements, Cardinal Health no longer possesses any Ingredient Limit Reports from the Findlay Distribution Center.

On December 20, 2018, Special Master Cohen ordered Cardinal Health to "ensure it has produced all documents relating to the results of the analysis it conducted pursuant to the 2008 MOA, and shall supplement its responses to Plaintiffs' Combined Discovery Requests by identifying this information." While maintaining its original objections and in an abundance of caution, Cardinal Health further supplements its response to this Request by identifying the following documents: CAH_MDL2804_02103237; CAH_MDL2804_00284503; CAH_MDL2804_00637436; CAH_MDL2804_00637438; CAH_MDL2804_00637435; CAH_MDL2804_00637437; CAH_MDL2804_00637434; CAH_MDL2804_00637430; CAH_MDL2804_00637428; CAH_MDL2804_03195201-CAH_MDL2804_03195214.

Supplemental Response and Objection to Request No. 3 (March 4, 2019):

Subject to and without waiving its Objections, Cardinal Health's response is as follows. Additional documents relating to Cardinal Health's distribution of opioids, its controlled substance anti-diversion program, and customer diligence have been produced from the files of multiple Cardinal Health custodians, in productions from non-custodial sources, and in the prior productions that Cardinal Health produced in response to paragraph 9.k.ii of Case Management Order No. 1 (Docket No. 232) (referred to as "prior productions"). Appendix C contains a list of documents broken down by primary custodian. Appendix D is a log of Cardinal Health's

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productions to date that includes a description of each production along with production number ranges.

Request No. 4

Please identify each suspicious order you *reported* to the DEA since January 1, 1996 and produce all documents related thereto; please identify the Bates stamp range for each related to *Case Track One*.

Objection and Response to Request No. 4 (July 31, 2018):

Subject to and without waiving its Objections, Cardinal Health refers to its Objections and Response to Request No. 3.

Supplemental Objection and Response to Request No. 4 (November 30, 2018):

Subject to and without waiving its Objections, Cardinal Health refers to and incorporates here by reference its Supplemental Objections and Response to Request No. 3, which describes how Cardinal Health has identified and reported suspicious orders to the DEA since at least 1995. Cardinal Health further states that it has produced additional documents in response to this request. *See* CAH_MDL2804_00000013, CAH_MDL2804_01287526–01287713.

Supplemental Objection and Response to Request No. 4 (January 22, 2019):

Subject to and without waiving its Objections, Cardinal states that it has produced additional documents in response to this request. *See* Appendix B.

Supplemental Response and Objection to Request No. 4 (March 4, 2019):

Subject to and without waiving its Objections, Cardinal Health's response is as follows. Additional documents relating to Cardinal Health's distribution of opioids, its controlled substance anti-diversion program, and customer diligence have been produced from the files of multiple Cardinal Health custodians, in productions from non-custodial sources, and in the prior productions that Cardinal Health produced in response to paragraph 9.k.ii of Case Management

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Order No. 1 (Docket No. 232) (referred to as “prior productions”). Appendix C contains a list of documents broken down by primary custodian. Appendix D is a log of Cardinal Health’s productions to date that includes a description of each production along with production number ranges.

Request No. 5

For each suspicious order you identified but did not report to the DEA since January 1, 2006, please describe in as much detail as possible the reasons and produce all documents related thereto; please identify the Bates stamp range for each related to *Case Track One*.

Objection and Response to Request No. 5 (July 31, 2018):

Cardinal Health objects to this Request on the grounds that it exceeds the number of written Requests that Plaintiffs are allowed under CMO No. 1, Dkt. No. 232. Cardinal Health objects to the Request to the extent that it purports to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3. Cardinal Health objects to this Request on the grounds that it is overly broad and unduly burdensome, calling for “All” documents. Cardinal Health further objects to this Request to the extent it implies orders flagged by Cardinal Health’s controlled substance anti-diversion system are “suspicious orders.” An order reported to the DEA or state regulator is not necessarily indicative of diversion. Cardinal Health uses data-driven and customer-specific metrics for establishing thresholds in its order monitoring system that serve to limit distributions, and Cardinal Health reports to regulators above-threshold orders that it refuses to fill.

Subject to and without waiving its objections, Cardinal Health will produce information to reflect actions taken in response to threshold events from January 1, 2006 for the Track One jurisdictions, to the extent such information can be identified after a reasonable search.

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Supplemental Objection and Response to Request No. 5 (November 30, 2018):

Subject to and without waiving its Objections, Cardinal Health states that it has not identified an order as suspicious and decided not to report it to DEA. Cardinal Health has identified four orders from customers in the Track 1 jurisdictions which were entered into Cardinal Health's automated system for reporting to DEA that inadvertently failed to transmit to DEA due to IT malfunctions. These orders primarily date from 2012-2015. None of these orders were shipped.

Cardinal Health further states that it has produced documents in response to this request. *See* CAH_MDL2804_135242; CAH_MDL2804_02101802; CAH_MDL2804_02101800; CAH_MDL2804_02101803.⁹

Cardinal Health also refers to and incorporates here by reference its Supplemental Objections and Response to Request No. 3.

Supplemental Response and Objection to Request No. 5 (March 4, 2019):

Subject to and without waiving its Objections, Cardinal Health's response is as follows. Additional documents relating to Cardinal Health's distribution of opioids, its controlled substance anti-diversion program, and customer diligence have been produced from the files of multiple Cardinal Health custodians, in productions from non-custodial sources, and in the prior productions that Cardinal Health produced in response to paragraph 9.k.ii of Case Management Order No. 1 (Docket No. 232) (referred to as "prior productions"). Appendix C contains a list of documents broken down by primary custodian. Appendix D is a log of Cardinal Health's

⁹ Supplemental Objection and Response to Request No. 5 (January 22, 2019): As previously identified to Plaintiffs, due to an IT glitch, Cardinal Health learned that certain orders identified as "suspicious" inadvertently were not reported. Those orders were not shipped. Cardinal Health worked to identify these orders and disclosed all information gathered to the DEA. *See* CAH_MDL2804_02101802; CAH_MDL2804_02101800; CAH_MDL2804_02101803.

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productions to date that includes a description of each production along with production number ranges.

Request No. 6

For each suspicious order you reported to the DEA since January 1, 2006, please identify whether you *declined* the order or *shipped* the order and produce all documents related thereto; please identify the Bates stamp range for each related to *Case Track One*.

Objection and Response to Request No. 6 (July 31, 2018):

Cardinal Health objects to this Request on the grounds that it exceeds the number of written Requests that Plaintiffs are allowed under CMO No. 1, Dkt. No. 232. Cardinal Health objects to the Request to the extent that it purports to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3. Cardinal Health objects to this Request on the grounds that it is overly broad and unduly burdensome, calling for “All” documents.

Subject to and without waiving its objections, Cardinal Health will produce information sufficient to show the actions it took with regard to orders it reported as suspicious to the DEA.

Supplemental Objection and Response to Request No. 6 (November 30, 2018):

Subject to and without waiving its Objections, Cardinal Health states that it has produced documents in response to this request. *See, e.g.*, CAH_MDL2804_00135242, CAH_MDL_PRIORPROD_AG_0000001–0015503, CAH_MDL_PRIORPROD_DEA07_01188323, CAH_MDL_PRIORPROD_DEA07_01188147–182, and CAH_MDL2804_00124800–00124924. Cardinal Health also refers to and incorporates here by reference its Supplemental

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Objections and Response to Request No. 3 and the documents identified in its Objections and Response and Supplemental Objections and Response to Request No. 2, *supra*.

Supplemental Response and Objection to Request No. 6 (March 4, 2019):

Subject to and without waiving its Objections, Cardinal Health's response is as follows. Additional documents relating to Cardinal Health's distribution of opioids, its controlled substance anti-diversion program, and customer diligence have been produced from the files of multiple Cardinal Health custodians, in productions from non-custodial sources, and in the prior productions that Cardinal Health produced in response to paragraph 9.k.ii of Case Management Order No. 1 (Docket No. 232) (referred to as "prior productions"). Appendix C contains a list of documents broken down by primary custodian. Appendix D is a log of Cardinal Health's productions to date that includes a description of each production along with production number ranges.

Request No. 7

For each suspicious order you reported and then shipped since January 1, 2006, please produce all documents related to your "*due diligence*" for each; please identify the Bates stamp range for each related to *Case Track One*.

Objection and Response to Request No. 7 (July 31, 2018):

Cardinal Health refers to its Objections and Response to Discovery Request No. 6. Subject to and without waiving its objections, Cardinal Health also directs Plaintiffs to the diligence files for customers in the Track One jurisdictions, which have been produced at CAH_MDL2804_00000015 - CAH_MDL2804_00001851.

Supplemental Response and Objection to Request No.7 (November 30, 2018):

Subject to and without waiving its objections, Cardinal Health states that over the years it has conducted diligence and gathered information related to its customers and their orders for

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controlled substances in a variety of ways, including but not limited to, through regular customer questionnaires; surveillance and/or site visits; investigation of orders that are excessive or exceed a threshold; review and analyses of Cardinal Health's distribution data and other information known to Cardinal Health about its customers; and internet searches. Cardinal Health also uses internal and external data to evaluate customer-ordering patterns and to set appropriate thresholds for customers.

Cardinal Health's due diligence efforts are described, in part, in Cardinal Health's policy and procedure documents, as referenced in its Responses and Supplemental Responses to Request Nos. 2 and 3.

Cardinal Health further responds that it has also produced additional documents in response to this request. *See* CAH_MDL2804_00094067–00094604, CAH_MDL2804_00135242, CAH_MDL2804_00619125, CAH_MDL2804_01287246–01287525; CAH_MDL2804_02098561, CAH_MDL2804_02101808, and CAH_MDL2804_02879401–02879958. Additional documents relating to or reflecting due diligence may also be in prior productions and custodial files productions. For example, CAH_MDL2804_00834232 reflects a memo about a customer in a Track One jurisdiction that was produced in the custodial file of Michael Moné. Pursuant to Fed. R. Civ. Pro. 33(d), Cardinal Health has provided Plaintiffs with the opportunity to examine these records and to make copies, compilations, abstracts, or summaries by producing these documents to them. Cardinal Health will also produce additional documents in accordance with the parties' agreements. In addition, Cardinal Health has produced a significant amount of metadata.

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Supplemental Response and Objection to Request No. 7 (January 22, 2019):

Subject to and without waiving its objections, Cardinal Health states that its anti-diversion program, including its due diligence efforts, has evolved over time to reflect DEA's guidance and changing expectations. Cardinal Health has continually enhanced and evolved its system to ensure that it remains state-of-the-art, continues to comply with DEA guidance as that guidance has changed over time, and to adjust to other factors impacting the distribution of controlled substances.

From at least 2000 through late 2007, Cardinal Health maintained a two-step process for monitoring its customers' orders. CAH_MDL_PRIORPROD_DEA07_01383940. First, Cardinal Health submitted to DEA on a monthly basis Ingredient Limit Reports based on a computer program which compared customer purchases to predetermined averages or limits. When a customer's purchase quantities exceeded those limits, the customer's activity was printed on the report. That report was also reviewed by a Cardinal Health employee. Second, cage and vault personnel were able to identify individual orders that appeared excessive in relation to that customer's purchase history as well as the purchase history of other customers.

In 2006 and 2007, Cardinal Health submitted ingredient limit reports to DEA. Members of the anti-diversion team also received copies of the ingredient limit reports. Reviewing those reports, QRA staff identified pharmacy customers to investigate further. In 2006 and 2007, pursuant to DEA guidance, Cardinal Health's anti-diversion team was principally concerned with identifying pharmacies that were engaged in the dispensing of controlled substances via the internet, a practice DEA had identified as potentially illegitimate in 2005.

CAH_MDL2804_01457737. Cardinal Health investigated suspected internet pharmacies throughout 2006 and 2007, periodically reporting the results of its investigation to DEA.

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CAH_MDL2804_02102142. The investigation would include a review of available data and could include a physical site visit to the pharmacy itself. Brantley Deposition. *See e.g.*, November 27, 2018 Deposition of Eric Brantley at 65:14-20; 69:8-14.

In response to additional guidance from DEA in 2007 and 2008, Cardinal Health continually improved its electronic monitoring system. When a customer's order(s) in a given month for a particular drug family exceeded its threshold, the order was automatically held by the electronic monitoring system pending review by a member of the QRA anti-diversion team. When a customer experienced a threshold event, the customer's sales representative would contact their customer and request that they fill out a threshold event survey providing the rationale for the order. *See, e.g.*, CAH_MDL_PRIORPROD_AG_0029938. QRA Pharmacists received daily notifications of all threshold events and reviewed each held order and the rationale provided by the customer to determine whether, based on the totality of the information available, the order appeared reasonable and was not likely to be diverted. *See, e.g.*, CAH_MDL_PRIORPROD_AG_0029498; CAH_MDL_PRIORPROD_AG_0029446.

The information available may have included, for example, the customer's profile, the customer's business type, information about whether Cardinal Health was the primary or secondary distributor, the drug family that triggered the threshold event, the customer's total number of threshold events (in general and for the specific drug family), and the customer's monthly drug family limit. In determining whether an order was reasonable, QRA Pharmacists took into account a number of factors, including seasonal and natural events, regional prescribing habits, the location of the pharmacy or facility in relation to health care providers, the timing of the order, whether there was a shortage of other products, or whether the customer's monthly limit was incorrect. Based on this review, the QRA Pharmacist made a determination about

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whether to release or cancel the order, or whether to hold the order for further investigation.

Where a QRA Pharmacist determined that additional information was called for, a site visit could be requested. During a site visit, a QRA Investigator would visit the customer and document any observable red flags. The Investigator would also obtain a drug utilization report reflecting the customer's dispensing. Based on information learned during the site visit, the QRA Investigator would prepare a report evaluating the customer's potential risk for diversion. When a threshold event involving a chain pharmacy store occurred, the customer's account manager would contact the chain's corporate office to request information regarding the order at issue, and then provide that information to the anti-diversion group for review. QRA would review the data and explanation provided by the corporate office and request additional information where needed. April 13, 2012 Declaration of Michael Mone at ¶ 38.

Based on further guidance from DEA, Cardinal Health's controlled substance anti-diversion program continued to evolve in 2012. Orders that exceed a threshold continue to be automatically held in Cardinal Health's electronic monitoring system. These orders are reviewed by QRA personnel who, based on a review of available information about a customer, make a determination of whether the order should be cancelled and reported as suspicious. As part of this review, QRA Personnel look at the available, relevant information regarding that customer, which may include the customer's purchase history, Know Your Customer ("KYC") documentation, recent site visit reports, and proactive communication from sales, internet searches using terms identified by QRA, or other steps determined relevant for this customer. The level of review depends on the unique facts and circumstances of each order, including the customer's historical purchasing patterns and the context of that order. *See, e.g.,*

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CAH_PRIORPROD_HOUSE_0000485; CAH_MDL_PRIORPROD_AG_0000168;
CAH_MDL2804_00009845.

As requested, Cardinal Health had searched for and produced documents in its possession, custody, or control related to due diligence for Case Track One and has identified the Bates stamp ranges provided above. Cardinal Health provided the narrative above because due diligence was performed above and beyond the Bates Ranges listed above. Witnesses may describe additional due diligence and indications of Cardinal Health's due diligence efforts may also be present in documents that Cardinal Health has not been able to identify in this response, but are available in its production to plaintiffs.

Supplemental Response and Objection to Request No. 7 (March 4, 2019):

Subject to and without waiving its Objections, Cardinal Health's response is as follows. Additional documents relating to Cardinal Health's distribution of opioids, its controlled substance anti-diversion program, and customer diligence have been produced from the files of multiple Cardinal Health custodians, in productions from non-custodial sources, and in the prior productions that Cardinal Health produced in response to paragraph 9.k.ii of Case Management Order No. 1 (Docket No. 232) (referred to as "prior productions"). Appendix C contains a list of documents broken down by primary custodian. Appendix D is a log of Cardinal Health's productions to date that includes a description of each production along with production number ranges.

Request No. 8

Please produce and identify the Bates stamp range for all communications to and/or from the DEA since January 1, 2006, related to Opioids and/or Opioid Products (including the 2006/2007 "*Rannazzisi letters*").

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Objection and Response to Request No. 8 (July 31, 2018):

Cardinal Health objects to this Request on the grounds that it exceeds the number of written Requests that Plaintiffs are allowed under CMO No. 1, Dkt. No. 232. Cardinal Health objects to the Request to the extent that it purports to impose burdens on Cardinal Health that are inconsistent with, more onerous than, or not otherwise authorized by, the Federal Rules of Civil Procedure, the Local Rules of the Northern District of Ohio, Case Management Orders 1-3, and Discovery Ruling No. 3. Cardinal Health objects to this Request on the grounds that it is overly broad and unduly burdensome, calling for “All” communications. Cardinal Health further objects to the Request to the extent it calls for the production of information that is unreasonably cumulative or duplicative of Plaintiffs’ prior written discovery requests, and to the extent it is already in the possession, custody, or control of Plaintiffs or Plaintiffs’ counsel.

Subject to and without waiving its objections, Cardinal Health will produce communications with the DEA pursuant to its responses to Plaintiffs’ prior Requests. Cardinal Health also directs Plaintiffs to documents produced to the Drug Enforcement Administration at CAH_MDL_PRIORPROD_DEA07_00000001–01174970; CAH_MDL_PRIORPROD_DEA08_00000001–0000284; and CAH_MDL_PRIORPROD_DEA12_00000001–00015258.

Supplemental Response and Objection to Request No. 8 (November 30, 2018):

Subject to and without waiving its objections, Cardinal Health responds that it has produced copies of the 2006 and 2007 “Dear Registrant” letters in multiple places, including, for example, CAH_MDL_PRIORPROD_DEA12_00000001–00006133, CAH_MDL_PRIORPROD_DEA12_00000001–00010980 and CAH_MDL2804_01454402 – 405. Cardinal Health further responds that it has had numerous communications with DEA

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related to controlled substances, including via electronic mail between Cardinal Health personnel and DEA. Documents reflecting communications with the DEA related to controlled substances are contained in Cardinal Health's prior productions, as well as its production of custodial files. Pursuant to Fed. R. Civ. Pro. 33(d), Cardinal Health has provided Plaintiffs with the opportunity to examine these records and to make copies, compilations, abstracts, or summaries by producing these documents to them. Cardinal Health will also produce additional documents in accordance with the parties' agreements. In addition, Cardinal Health has produced a significant amount of metadata.

Supplemental Response and Objection to Request No. 8 (March 4, 2019):

Subject to and without waiving its Objections, Cardinal Health's response is as follows. Additional documents relating to Cardinal Health's distribution of opioids, its controlled substance anti-diversion program, and customer diligence have been produced from the files of multiple Cardinal Health custodians, in productions from non-custodial sources, and in the prior productions that Cardinal Health produced in response to paragraph 9.k.ii of Case Management Order No. 1 (Docket No. 232) (referred to as "prior productions"). Appendix C contains a list of documents broken down by primary custodian. Appendix D is a log of Cardinal Health's productions to date that includes a description of each production along with production number ranges.

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By:

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Dated: March 4, 2019

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CAH_MDL_PRIORPROD_DEA07_01178076-R	CAH_MDL2804_02118864
CAH_MDL_PRIORPROD_DEA07_01178108-R	CAH_MDL2804_02119145
CAH_MDL_PRIORPROD_DEA07_01179352-R	CAH_MDL2804_02119321
CAH_MDL_PRIORPROD_DEA07_01184826-R	CAH_MDL2804_00681338
CAH_MDL_PRIORPROD_DEA07_01330206-R	CAH_MDL2804_02123855
CAH_MDL_PRIORPROD_DEA07_01330240-R	CAH_MDL2804_00683913
CAH_MDL_PRIORPROD_DEA07_01330241-R	CAH_MDL2804_00689290
CAH_MDL_PRIORPROD_DEA07_01345728-R	CAH_MDL2804_00689291
CAH_MDL_PRIORPROD_DEA07_01346086-R	CAH_MDL2804_00689780
CAH_MDL_PRIORPROD_DEA07_01346375-R	CAH_MDL2804_00689781
CAH_MDL_PRIORPROD_DEA07_01346774-R	CAH_MDL2804_00690146
CAH_MDL_PRIORPROD_DEA07_01346803-R	CAH_MDL2804_00690148
CAH_MDL_PRIORPROD_DEA07_01347034-R	CAH_MDL2804_00690149
CAH_MDL_PRIORPROD_DEA07_01347318-R	CAH_MDL2804_00690489
CAH_MDL_PRIORPROD_DEA07_01347513-R	CAH_MDL2804_00690685
CAH_MDL_PRIORPROD_DEA07_01347741-R	CAH_MDL2804_00690982
CAH_MDL_PRIORPROD_DEA07_01347973-R	CAH_MDL2804_00691154
CAH_MDL_PRIORPROD_DEA07_01348161-R	CAH_MDL2804_00691653
CAH_MDL_PRIORPROD_DEA07_01348395-R	CAH_MDL2804_00691896
CAH_MDL_PRIORPROD_DEA07_01348625-R	CAH_MDL2804_00691995
CAH_MDL_PRIORPROD_DEA07_01348848-R	CAH_MDL2804_00692137
CAH_MDL_PRIORPROD_DEA07_01349042-R	CAH_MDL2804_00692409
CAH_MDL_PRIORPROD_DEA07_01349319-R	CAH_MDL2804_00692769
CAH_MDL_PRIORPROD_DEA07_01349507-R	CAH_MDL2804_00692966
CAH_MDL_PRIORPROD_DEA07_01349754-R	CAH_MDL2804_00693346
CAH_MDL_PRIORPROD_DEA07_01349999-R	CAH_MDL2804_02125213
CAH_MDL_PRIORPROD_DEA07_01350224-R	CAH_MDL2804_00718278
CAH_MDL_PRIORPROD_DEA07_01350487-R	CAH_MDL2804_00718279
CAH_MDL_PRIORPROD_DEA07_01350704-R	CAH_MDL2804_00718280
CAH_MDL_PRIORPROD_DEA07_01350956-R	CAH_MDL2804_00718281
CAH_MDL_PRIORPROD_DEA07_01351163-R	CAH_MDL2804_00718282
CAH_MDL_PRIORPROD_DEA07_01351383-R	CAH_MDL2804_00718283
CAH_MDL_PRIORPROD_DEA07_01351642-R	CAH_MDL2804_00613015
CAH_MDL_PRIORPROD_DEA07_01351894-R	CAH_MDL2804_00613605
CAH_MDL_PRIORPROD_DEA07_01352126-R	CAH_MDL2804_00614240
CAH_MDL_PRIORPROD_DEA07_01360162-R	CAH_MDL2804_00615074
CAH_MDL_PRIORPROD_DEA07_01385515-R	CAH_MDL2804_00615974
CAH_MDL2804_02967390	CAH_MDL2804_00616366
CAH_MDL2804_03057251	CAH_MDL2804_00718639
CAH_MDL2804_03057877	CAH_MDL2804_00718961
CAH_MDL2804_02900102	CAH_MDL2804_00719378
CAH_MDL2804_02298168	CAH_MDL2804_00719824
CAH_MDL2804_02298482	CAH_MDL2804_00719825
CAH_MDL2804_02320156	CAH_MDL2804_00720227
CAH_MDL2804_02321591	CAH_MDL2804_00720228
CAH_MDL2804_02331357	CAH_MDL2804_00720229
CAH_MDL2804_02157010	CAH_MDL2804_02134491
CAH_MDL2804_00853667	CAH_MDL2804_02134621
CAH_MDL2804_02173259	CAH_MDL2804_02135882
CAH_MDL2804_02220624	CAH_MDL2804_02759511
CAH_MDL2804_00898774	CAH_MDL2804_02948905
CAH_MDL2804_00903851	CAH_MDL2804_02067966
CAH_MDL2804_00667472	CAH_MDL2804_02867613

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CAH_MDL2804_02868003	CAH_MDL_PRIORPROD_DEA07_01058148-R
CAH_MDL2804_02705275	CAH_MDL_PRIORPROD_DEA07_01061022-R
CAH_MDL2804_02769367	CAH_MDL_PRIORPROD_DEA07_01061023-R
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 CAH_MDL_PRIORPROD_DEA07_02500306-R
 CAH_MDL_PRIORPROD_DEA07_02500820-R
 CAH_MDL_PRIORPROD_DEA07_02508097-R
 CAH_MDL_PRIORPROD_DEA07_02514658-R
 CAH_MDL_PRIORPROD_DEA07_02524458-R
 CAH_MDL_PRIORPROD_DEA07_02558784-R
 CAH_MDL_PRIORPROD_DEA07_02558785-R
 CAH_MDL_PRIORPROD_DEA07_02572081-R
 CAH_MDL_PRIORPROD_DEA07_02575000-R
 CAH_MDL_PRIORPROD_DEA07_02581005-R
 CAH_MDL_PRIORPROD_DEA07_02586733-R
 CAH_MDL_PRIORPROD_DEA07_02589325-R
 CAH_MDL_PRIORPROD_DEA07_02594684-R
 CAH_MDL_PRIORPROD_DEA07_02600850-R
 CAH_MDL_PRIORPROD_DEA07_02607021-R
 CAH_MDL_PRIORPROD_DEA07_02607468-R
 CAH_MDL_PRIORPROD_DEA07_02613627-R
 CAH_MDL_PRIORPROD_DEA07_02619185-R
 CAH_MDL_PRIORPROD_DEA07_00160746-R
 CAH_MDL_PRIORPROD_DEA07_00160747-R
 CAH_MDL_PRIORPROD_DEA07_00160748-R
 CAH_MDL_PRIORPROD_DEA07_00160749-R
 CAH_MDL_PRIORPROD_DEA07_00172869-R
 CAH_MDL_PRIORPROD_DEA07_00172870-R
 CAH_MDL_PRIORPROD_DEA07_00172871-R
 CAH_MDL_PRIORPROD_DEA07_00172872-R
 CAH_MDL_PRIORPROD_DEA07_00219577-R
 CAH_MDL_PRIORPROD_DEA07_00219616-R
 CAH_MDL_PRIORPROD_DEA07_00219620-R

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CAH_MDL_PRIORPROD_DEA07_00222982-R
CAH_MDL_PRIORPROD_DEA07_00222983-R
CAH_MDL_PRIORPROD_DEA07_00222984-R
CAH_MDL_PRIORPROD_DEA07_00222985-R
CAH_MDL_PRIORPROD_DEA07_00237269-R
CAH_MDL_PRIORPROD_DEA07_00237270-R
CAH_MDL_PRIORPROD_DEA07_00237477-R
CAH_MDL_PRIORPROD_DEA07_00237492-R
CAH_MDL_PRIORPROD_DEA07_00237493-R
CAH_MDL_PRIORPROD_DEA07_00237494-R
CAH_MDL_PRIORPROD_DEA07_00237495-R
CAH_MDL_PRIORPROD_DEA07_00237499-R
CAH_MDL_PRIORPROD_DEA07_00237500-R
CAH_MDL_PRIORPROD_DEA07_00317748-R
CAH_MDL_PRIORPROD_DEA07_00320010-R
CAH_MDL_PRIORPROD_DEA07_00334818-R

CAH_MDL_PRIORPROD_DEA07_00334819-R
CAH_MDL_PRIORPROD_DEA07_00334820-R
CAH_MDL_PRIORPROD_DEA07_00334821-R
CAH_MDL_PRIORPROD_DEA07_02702381-R
CAH_MDL2804_02876974
CAH_MDL2804_02877020
CAH_MDL2804_02877061
CAH_MDL2804_02877565
CAH_MDL2804_02877625
CAH_MDL2804_02877931
CAH_MDL2804_02878156
CAH_MDL2804_02878329
CAH_MDL2804_02878367
CAH_MDL2804_02878759
CAH_MDL2804_02102811
CAH_MDL2804_02876263

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Appendix B: Documents Reflecting Ingredient Limit Reports for Track One Customers

CAH_MDL2804_00689780
CAH_MDL2804_00718279
CAH_MDL2804_00613605
CAH_MDL2804_00719378
CAH_MDL_PRIORPROD_DEA07_01120515-R
CAH_MDL_PRIORPROD_DEA07_02731023-R
CAH_MDL_PRIORPROD_DEA07_01544958-R
CAH_MDL_PRIORPROD_DEA07_01641502-R
CAH_MDL_PRIORPROD_DEA07_01647670-R
CAH_MDL_PRIORPROD_DEA07_01649530-R
CAH_MDL_PRIORPROD_DEA07_01655872-R
CAH_MDL_PRIORPROD_DEA07_01658177-R
CAH_MDL_PRIORPROD_DEA07_01667412-R
CAH_MDL_PRIORPROD_DEA07_01675236-R
CAH_MDL_PRIORPROD_DEA07_01679058-R
CAH_MDL_PRIORPROD_DEA07_01694928-R
CAH_MDL_PRIORPROD_DEA07_01698986-R
CAH_MDL_PRIORPROD_DEA07_01708184-R
CAH_MDL_PRIORPROD_DEA07_01715167-R
CAH_MDL_PRIORPROD_DEA07_01718249-R
CAH_MDL_PRIORPROD_DEA07_01728183-R
CAH_MDL_PRIORPROD_DEA07_01731023-R
CAH_MDL_PRIORPROD_DEA07_01736892-R
CAH_MDL_PRIORPROD_DEA07_01738760-R
CAH_MDL_PRIORPROD_DEA07_01746932-R
CAH_MDL_PRIORPROD_DEA07_01753840-R
CAH_MDL_PRIORPROD_DEA07_01756326-R
CAH_MDL_PRIORPROD_DEA07_01760252-R
CAH_MDL_PRIORPROD_DEA07_01761369-R
CAH_MDL_PRIORPROD_DEA07_01764256-R
CAH_MDL_PRIORPROD_DEA07_01767754-R
CAH_MDL_PRIORPROD_DEA07_01769514-R
CAH_MDL_PRIORPROD_DEA07_01773252-R
CAH_MDL_PRIORPROD_DEA07_01774365-R
CAH_MDL_PRIORPROD_DEA07_01778618-R
CAH_MDL_PRIORPROD_DEA07_01783983-R
CAH_MDL_PRIORPROD_DEA07_01788800-R
CAH_MDL_PRIORPROD_DEA07_01793846-R
CAH_MDL_PRIORPROD_DEA07_01798617-R
CAH_MDL_PRIORPROD_DEA07_01803669-R
CAH_MDL_PRIORPROD_DEA07_01810924-R
CAH_MDL_PRIORPROD_DEA07_01815068-R
CAH_MDL_PRIORPROD_DEA07_01820263-R
CAH_MDL_PRIORPROD_DEA07_01829063-R
CAH_MDL_PRIORPROD_DEA07_01833389-R
CAH_MDL_PRIORPROD_DEA07_01836459-R
CAH_MDL_PRIORPROD_DEA07_01837849-R
CAH_MDL_PRIORPROD_DEA07_01845055-R
CAH_MDL_PRIORPROD_DEA07_01848989-R

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Primary Custodian	Bates Beg	Bates End
Anna-Soisson, Kimberly	CAH_MDL2804_00001909	CAH_MDL2804_00058317
Anna-Soisson, Kimberly	CAH_MDL2804_00224869	CAH_MDL2804_00224898
Anna-Soisson, Kimberly	CAH_MDL2804_01117400	CAH_MDL2804_01117406
Anna-Soisson, Kimberly	CAH_MDL2804_01230101	CAH_MDL2804_01271934
Anna-Soisson, Kimberly	CAH_MDL2804_02348099	CAH_MDL2804_02352879
Anna-Soisson, Kimberly	CAH_MDL2804_02908071	CAH_MDL2804_02909176
Anna-Soisson, Kimberly	CAH_MDL2804_03195310	CAH_MDL2804_03195362
Anna-Soisson, Kimberly	CAH_MDL2804_03212432	CAH_MDL2804_03212460
Anna-Soisson, Kimberly	CAH_MDL2804_03213924	CAH_MDL2804_03213942
Anna-Soisson, Kimberly	CAH_MDL2804_03240089	CAH_MDL2804_03240092
Anna-Soisson, Kimberly	CAH_MDL2804_03241413	CAH_MDL2804_03241577
Baranski, Craig	CAH_MDL2804_00128085	CAH_MDL2804_00131582
Baranski, Craig	CAH_MDL2804_02098227	CAH_MDL2804_02098399
Baranski, Craig	CAH_MDL2804_02873802	CAH_MDL2804_02874777
Baranski, Craig	CAH_MDL2804_02878352	CAH_MDL2804_02878567
Barber, Linden	CAH_MDL2804_01116798	CAH_MDL2804_01116809
Barber, Linden	CAH_MDL2804_01368768	CAH_MDL2804_01375983
Barber, Linden	CAH_MDL2804_02404228	CAH_MDL2804_02410054
Barber, Linden	CAH_MDL2804_02906815	CAH_MDL2804_02906881
Barber, Linden	CAH_MDL2804_03192284	CAH_MDL2804_03195628
Barber, Linden	CAH_MDL2804_03213943	CAH_MDL2804_03213977
Barber, Linden	CAH_MDL2804_03247434	CAH_MDL2804_03247451

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Barber, Linden	CAH_MDL2804_03249420	CAH_MDL2804_03249633
Barrett, George	CAH_MDL2804_03159379	CAH_MDL2804_03191400
Bean, Christina	CAH_MDL2804_01281184	CAH_MDL2804_01282282
Bean, Christina	CAH_MDL2804_02098561	CAH_MDL2804_02098764
Bean, Christina	CAH_MDL2804_02374802	CAH_MDL2804_02374878
Brantley, Eric	CAH_MDL2804_02881840	CAH_MDL2804_02883851
Cameron, Todd	CAH_MDL2804_00058325	CAH_MDL2804_00058325
Cameron, Todd	CAH_MDL2804_00094920	CAH_MDL2804_00094939
Cameron, Todd	CAH_MDL2804_01572151	CAH_MDL2804_01572151
Cameron, Todd	CAH_MDL2804_01717312	CAH_MDL2804_01717333
Cameron, Todd	CAH_MDL2804_01904743	CAH_MDL2804_01904746
Cameron, Todd	CAH_MDL2804_01944404	CAH_MDL2804_01944415
Cameron, Todd	CAH_MDL2804_02831417	CAH_MDL2804_02873801
Cameron, Todd	CAH_MDL2804_02909177	CAH_MDL2804_02912037
Cameron, Todd	CAH_MDL2804_03191496	CAH_MDL2804_03191507
Cameron, Todd	CAH_MDL2804_03192609	CAH_MDL2804_03193644
Cameron, Todd	CAH_MDL2804_03195629	CAH_MDL2804_03195970
Cameron, Todd	CAH_MDL2804_03213978	CAH_MDL2804_03214646
Cameron, Todd	CAH_MDL2804_03226646	CAH_MDL2804_03226652
Cameron, Todd	CAH_MDL2804_03240093	CAH_MDL2804_03240110
Cameron, Todd	CAH_MDL2804_03241630	CAH_MDL2804_03242297
Cameron, Todd	CAH_MDL2804_03248578	CAH_MDL2804_03249104
Cameron, Todd	CAH_MDL2804_03253429	CAH_MDL2804_03253438
Cameron, Todd	CAH_MDL2804_02046471	CAH_MDL2804_02098226
Carney, Ray	CAH_MDL2804_00095044	CAH_MDL2804_00102147

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Carney, Ray	CAH_MDL2804_00121247	CAH_MDL2804_00124799
Carney, Ray	CAH_MDL2804_00124925	CAH_MDL2804_00126426
Carney, Ray	CAH_MDL2804_00619127	CAH_MDL2804_00619636
Carney, Ray	CAH_MDL2804_00747716	CAH_MDL2804_00747798
Carney, Ray	CAH_MDL2804_02960110	CAH_MDL2804_02960119
Carney, Ray	CAH_MDL2804_00617321	CAH_MDL2804_00617630
Convery, Thomas	CAH_MDL2804_03210265	CAH_MDL2804_03210386
Dudley, Patrick	CAH_MDL2804_00000001	CAH_MDL2804_00000004
Dudley, Patrick	CAH_MDL2804_00058318	CAH_MDL2804_00058324
Dudley, Patrick	CAH_MDL2804_00059302	CAH_MDL2804_00093877
Dudley, Patrick	CAH_MDL2804_00224899	CAH_MDL2804_00225011
Dudley, Patrick	CAH_MDL2804_01122175	CAH_MDL2804_01204422
Dudley, Patrick	CAH_MDL2804_01204500	CAH_MDL2804_01230100
Dudley, Patrick	CAH_MDL2804_01289317	CAH_MDL2804_01289855
Dudley, Patrick	CAH_MDL2804_02339348	CAH_MDL2804_02348098
Dudley, Patrick	CAH_MDL2804_02912038	CAH_MDL2804_02914049
Dudley, Patrick	CAH_MDL2804_03193645	CAH_MDL2804_03193651
Dudley, Patrick	CAH_MDL2804_03195971	CAH_MDL2804_03196042
Dudley, Patrick	CAH_MDL2804_03214647	CAH_MDL2804_03214666
Dudley, Patrick	CAH_MDL2804_03240111	CAH_MDL2804_03240305
Dudley, Patrick	CAH_MDL2804_03241578	CAH_MDL2804_03241629
Dudley, Patrick	CAH_MDL2804_03248570	CAH_MDL2804_03248577
Emma, Doug	CAH_MDL2804_03195215	CAH_MDL2804_03195231
Fidler, Kristine	CAH_MDL2804_00131583	CAH_MDL2804_00135202
Fidler, Kristine	CAH_MDL2804_02098400	CAH_MDL2804_02098430

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Fidler, Kristine	CAH_MDL2804_02099948	CAH_MDL2804_02101746
Fidler, Kristine	CAH_MDL2804_02874778	CAH_MDL2804_02874926
Fidler, Kristine	CAH_MDL2804_02878568	CAH_MDL2804_02879400
Fidler, Kristine	CAH_MDL2804_03214667	CAH_MDL2804_03214670
Forst, Christopher	CAH_MDL2804_02961069	CAH_MDL2804_03159292
Forst, Christopher	CAH_MDL2804_03195258	CAH_MDL2804_03195309
Forst, Christopher	CAH_MDL2804_03214671	CAH_MDL2804_03214673
Forst, Christopher	CAH_MDL2804_03240306	CAH_MDL2804_03240316
Forst, Christopher	CAH_MDL2804_03247075	CAH_MDL2804_03247077
Giocalone, Robert	CAH_MDL2804_00058338	CAH_MDL2804_00059047
Giocalone, Robert	CAH_MDL2804_00093931	CAH_MDL2804_00095043
Giocalone, Robert	CAH_MDL2804_00126428	CAH_MDL2804_00126437
Giocalone, Robert	CAH_MDL2804_00135243	CAH_MDL2804_00135363
Giocalone, Robert	CAH_MDL2804_00225012	CAH_MDL2804_00226135
Giocalone, Robert	CAH_MDL2804_00617631	CAH_MDL2804_00617661
Giocalone, Robert	CAH_MDL2804_00619671	CAH_MDL2804_00619672
Giocalone, Robert	CAH_MDL2804_00747704	CAH_MDL2804_00747710
Giocalone, Robert	CAH_MDL2804_00952838	CAH_MDL2804_00953703
Giocalone, Robert	CAH_MDL2804_01085282	CAH_MDL2804_01085399
Giocalone, Robert	CAH_MDL2804_01116810	CAH_MDL2804_01117399
Giocalone, Robert	CAH_MDL2804_01204467	CAH_MDL2804_01204485
Giocalone, Robert	CAH_MDL2804_01303796	CAH_MDL2804_01303851
Giocalone, Robert	CAH_MDL2804_01376003	CAH_MDL2804_01572149
Giocalone, Robert	CAH_MDL2804_02410055	CAH_MDL2804_02432256
Giocalone, Robert	CAH_MDL2804_02432259	CAH_MDL2804_02524635

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Giacalone, Robert	CAH_MDL2804_02524649	CAH_MDL2804_02640232
Giacalone, Robert	CAH_MDL2804_02906105	CAH_MDL2804_02906244
Giacalone, Robert	CAH_MDL2804_02908050	CAH_MDL2804_02908070
Giacalone, Robert	CAH_MDL2804_02914050	CAH_MDL2804_02925447
Giacalone, Robert	CAH_MDL2804_03159293	CAH_MDL2804_03159378
Giacalone, Robert	CAH_MDL2804_03191508	CAH_MDL2804_03191810
Giacalone, Robert	CAH_MDL2804_03193652	CAH_MDL2804_03194859
Giacalone, Robert	CAH_MDL2804_03196043	CAH_MDL2804_03199401
Giacalone, Robert	CAH_MDL2804_03210387	CAH_MDL2804_03212431
Giacalone, Robert	CAH_MDL2804_03214674	CAH_MDL2804_03217120
Giacalone, Robert	CAH_MDL2804_03226653	CAH_MDL2804_03227478
Giacalone, Robert	CAH_MDL2804_03240317	CAH_MDL2804_03240357
Giacalone, Robert	CAH_MDL2804_03242420	CAH_MDL2804_03246998
Giacalone, Robert	CAH_MDL2804_03247452	CAH_MDL2804_03248222
Giacalone, Robert	CAH_MDL2804_03249634	CAH_MDL2804_03252966
Giacalone, Robert	CAH_MDL2804_03253439	CAH_MDL2804_03253536
Hartman, Mark	CAH_MDL2804_02881814	CAH_MDL2804_02881839
Howenstein, Kim	CAH_MDL2804_00226136	CAH_MDL2804_00227037
Howenstein, Kim	CAH_MDL2804_01582584	CAH_MDL2804_01717311
Howenstein, Kim	CAH_MDL2804_02099903	CAH_MDL2804_02099947
Howenstein, Kim	CAH_MDL2804_02640233	CAH_MDL2804_02698240
Howenstein, Kim	CAH_MDL2804_02875393	CAH_MDL2804_02877038
Howenstein, Kim	CAH_MDL2804_02925448	CAH_MDL2804_02930353
Howenstein, Kim	CAH_MDL2804_03191401	CAH_MDL2804_03191495
Howenstein, Kim	CAH_MDL2804_03199402	CAH_MDL2804_03200081

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Howenstein, Kim	CAH_MDL2804_03217121	CAH_MDL2804_03217127
Howenstein, Kim	CAH_MDL2804_03253330	CAH_MDL2804_03253427
Justus, Shirlene	CAH_MDL2804_00135364	CAH_MDL2804_00224853
Justus, Shirlene	CAH_MDL2804_00227038	CAH_MDL2804_00611665
Justus, Shirlene	CAH_MDL2804_01204486	CAH_MDL2804_01204499
Justus, Shirlene	CAH_MDL2804_01271935	CAH_MDL2804_01281183
Justus, Shirlene	CAH_MDL2804_02352880	CAH_MDL2804_02374801
Justus, Shirlene	CAH_MDL2804_02906882	CAH_MDL2804_02906942
Justus, Shirlene	CAH_MDL2804_03200082	CAH_MDL2804_03200233
Justus, Shirlene	CAH_MDL2804_03217132	CAH_MDL2804_03218391
Justus, Shirlene	CAH_MDL2804_03240358	CAH_MDL2804_03240666
Justus, Shirlene	CAH_MDL2804_03248261	CAH_MDL2804_03248263
Justus, Shirlene	CAH_MDL2804_03253428	CAH_MDL2804_03253428
Lancot, Chris	CAH_MDL2804_00102148	CAH_MDL2804_00121246
Lancot, Chris	CAH_MDL2804_00126438	CAH_MDL2804_00128084
Lancot, Chris	CAH_MDL2804_00135239	CAH_MDL2804_00135240
Lancot, Chris	CAH_MDL2804_00617662	CAH_MDL2804_00617995
Lancot, Chris	CAH_MDL2804_00619673	CAH_MDL2804_00620597
Lancot, Chris	CAH_MDL2804_02960120	CAH_MDL2804_02960137
Lawrence, Steve	CAH_MDL2804_02960810	CAH_MDL2804_02960907
Mayeski, Ullrich	CAH_MDL2804_00058326	CAH_MDL2804_00058337
Mayeski, Ullrich	CAH_MDL2804_00093878	CAH_MDL2804_00093881
Mayeski, Ullrich	CAH_MDL2804_00611666	CAH_MDL2804_00611926
Mayeski, Ullrich	CAH_MDL2804_00747700	CAH_MDL2804_00747703
Mayeski, Ullrich	CAH_MDL2804_01204423	CAH_MDL2804_01204450

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Mayeski, Ullrich	CAH_MDL2804_01303784	CAH_MDL2804_01303795
Mayeski, Ullrich	CAH_MDL2804_01375984	CAH_MDL2804_01376002
Mayeski, Ullrich	CAH_MDL2804_01572152	CAH_MDL2804_01572318
Mayeski, Ullrich	CAH_MDL2804_01717334	CAH_MDL2804_01755988
Mayeski, Ullrich	CAH_MDL2804_01755991	CAH_MDL2804_01824923
Mayeski, Ullrich	CAH_MDL2804_02698241	CAH_MDL2804_02749607
Mayeski, Ullrich	CAH_MDL2804_02930354	CAH_MDL2804_02933441
Mayeski, Ullrich	CAH_MDL2804_03194860	CAH_MDL2804_03194887
Mayeski, Ullrich	CAH_MDL2804_03200234	CAH_MDL2804_03201591
Mayeski, Ullrich	CAH_MDL2804_03218392	CAH_MDL2804_03219372
Mayeski, Ullrich	CAH_MDL2804_03227479	CAH_MDL2804_03227504
Mayeski, Ullrich	CAH_MDL2804_03242298	CAH_MDL2804_03242419
Mayeski, Ullrich	CAH_MDL2804_03247078	CAH_MDL2804_03247286
Mayeski, Ullrich	CAH_MDL2804_03249105	CAH_MDL2804_03249419
Mone, Michael	CAH_MDL2804_01287714	CAH_MDL2804_01288516
Mone, Michael	CAH_MDL2804_02136864	CAH_MDL2804_02269061
Mone, Michael	CAH_MDL2804_02933442	CAH_MDL2804_02947978
Mone, Michael	CAH_MDL2804_03191811	CAH_MDL2804_03191846
Mone, Michael	CAH_MDL2804_03219373	CAH_MDL2804_03219889
Mone, Michael	CAH_MDL2804_03227505	CAH_MDL2804_03235392
Mone, Michael	CAH_MDL2804_03240909	CAH_MDL2804_03241112
Mone, Michael	CAH_MDL2804_03248297	CAH_MDL2804_03248517
Mone, Michael	CAH_MDL2804_00619637	CAH_MDL2804_00619639
Mone, Michael	CAH_MDL2804_00620598	CAH_MDL2804_00620602
Mone, Michael	CAH_MDL2804_00800025	CAH_MDL2804_00952837

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Mone, Michael	CAH_MDL2804_00953704	CAH_MDL2804_00980947
Mone, Michael	CAH_MDL2804_03194888	CAH_MDL2804_03195086
Mone, Michael	CAH_MDL2804_03201592	CAH_MDL2804_03206824
Mone, Michael	CAH_MDL2804_03212461	CAH_MDL2804_03212549
Morford, Craig	CAH_MDL2804_02960908	CAH_MDL2804_02961068
Morse, Steve	CAH_MDL2804_00619640	CAH_MDL2804_00619670
Morse, Steve	CAH_MDL2804_00620603	CAH_MDL2804_00620645
Morse, Steve	CAH_MDL2804_00980960	CAH_MDL2804_01085281
Morse, Steve	CAH_MDL2804_02269062	CAH_MDL2804_02284591
Morse, Steve	CAH_MDL2804_02906953	CAH_MDL2804_02908049
Morse, Steve	CAH_MDL2804_02960030	CAH_MDL2804_02960087
Morse, Steve	CAH_MDL2804_03191847	CAH_MDL2804_03191880
Morse, Steve	CAH_MDL2804_03195087	CAH_MDL2804_03195088
Morse, Steve	CAH_MDL2804_03206825	CAH_MDL2804_03206851
Morse, Steve	CAH_MDL2804_03219890	CAH_MDL2804_03219938
Morse, Steve	CAH_MDL2804_03241113	CAH_MDL2804_03241128
Quintero, Gilberto	CAH_MDL2804_00094605	CAH_MDL2804_00094919
Quintero, Gilberto	CAH_MDL2804_00611927	CAH_MDL2804_00611932
Quintero, Gilberto	CAH_MDL2804_00800021	CAH_MDL2804_00800024
Quintero, Gilberto	CAH_MDL2804_00980948	CAH_MDL2804_00980959
Quintero, Gilberto	CAH_MDL2804_01085400	CAH_MDL2804_01116797
Quintero, Gilberto	CAH_MDL2804_01117407	CAH_MDL2804_01122174
Quintero, Gilberto	CAH_MDL2804_01288517	CAH_MDL2804_01289316
Quintero, Gilberto	CAH_MDL2804_02284592	CAH_MDL2804_02339347
Quintero, Gilberto	CAH_MDL2804_02875271	CAH_MDL2804_02875392

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Quintero, Gilberto	CAH_MDL2804_02899223	CAH_MDL2804_02903952
Quintero, Gilberto	CAH_MDL2804_02905715	CAH_MDL2804_02906104
Quintero, Gilberto	CAH_MDL2804_02953299	CAH_MDL2804_02953368
Quintero, Gilberto	CAH_MDL2804_03191881	CAH_MDL2804_03191888
Quintero, Gilberto	CAH_MDL2804_03195089	CAH_MDL2804_03195188
Quintero, Gilberto	CAH_MDL2804_03206852	CAH_MDL2804_03207555
Quintero, Gilberto	CAH_MDL2804_03219939	CAH_MDL2804_03220394
Quintero, Gilberto	CAH_MDL2804_03240737	CAH_MDL2804_03240908
Quintero, Gilberto	CAH_MDL2804_03248264	CAH_MDL2804_03248296
Rausch, Nicholas	CAH_MDL2804_00001908	CAH_MDL2804_00001908
Rausch, Nicholas	CAH_MDL2804_00611933	CAH_MDL2804_00617319
Rausch, Nicholas	CAH_MDL2804_02103117	CAH_MDL2804_02136863
Rausch, Nicholas	CAH_MDL2804_02874951	CAH_MDL2804_02875270
Rausch, Nicholas	CAH_MDL2804_02883852	CAH_MDL2804_02888318
Rausch, Nicholas	CAH_MDL2804_03191889	CAH_MDL2804_03191973
Rausch, Nicholas	CAH_MDL2804_03235393	CAH_MDL2804_03235422
Rausch, Nicholas	CAH_MDL2804_00620646	CAH_MDL2804_00747699
Rausch, Nicholas	CAH_MDL2804_00747711	CAH_MDL2804_00747715
Rausch, Nicholas	CAH_MDL2804_00747799	CAH_MDL2804_00800020
Rausch, Nicholas	CAH_MDL2804_03195189	CAH_MDL2804_03195214
Rausch, Nicholas	CAH_MDL2804_03207556	CAH_MDL2804_03207665
Rausch, Nicholas	CAH_MDL2804_03213888	CAH_MDL2804_03213923
Rausch, Nicholas	CAH_MDL2804_03220395	CAH_MDL2804_03222278
Rausch, Nicholas	CAH_MDL2804_03240667	CAH_MDL2804_03240725
Rausch, Nicholas	CAH_MDL2804_03241129	CAH_MDL2804_03241251

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Rausch, Nicholas	CAH_MDL2804_03248518	CAH_MDL2804_03248555
Reardon, Steve	CAH_MDL2804_01303852	CAH_MDL2804_01368764
Reardon, Steve	CAH_MDL2804_02099503	CAH_MDL2804_02099902
Reardon, Steve	CAH_MDL2804_02101809	CAH_MDL2804_02103116
Reardon, Steve	CAH_MDL2804_02382500	CAH_MDL2804_02404227
Reardon, Steve	CAH_MDL2804_02898703	CAH_MDL2804_02899222
Reardon, Steve	CAH_MDL2804_03191974	CAH_MDL2804_03192008
Reardon, Steve	CAH_MDL2804_03207666	CAH_MDL2804_03208473
Reardon, Steve	CAH_MDL2804_03222279	CAH_MDL2804_03222570
Reardon, Steve	CAH_MDL2804_03235423	CAH_MDL2804_03236010
Reardon, Steve	CAH_MDL2804_03240726	CAH_MDL2804_03240736
Reardon, Steve	CAH_MDL2804_03246999	CAH_MDL2804_03247051
Reardon, Steve	CAH_MDL2804_03248223	CAH_MDL2804_03248260
Reardon, Steve	CAH_MDL2804_03252967	CAH_MDL2804_03253322
Reardon, Steve	CAH_MDL2804_03253537	CAH_MDL2804_03253599
Roberts, Danielle	CAH_MDL2804_00093882	CAH_MDL2804_00093930
Roberts, Danielle	CAH_MDL2804_00126427	CAH_MDL2804_00126427
Roberts, Danielle	CAH_MDL2804_00224854	CAH_MDL2804_00224868
Roberts, Danielle	CAH_MDL2804_01204451	CAH_MDL2804_01204466
Roberts, Danielle	CAH_MDL2804_02749608	CAH_MDL2804_02778653
Roberts, Danielle	CAH_MDL2804_02877039	CAH_MDL2804_02878351
Roberts, Danielle	CAH_MDL2804_02947979	CAH_MDL2804_02952740
Roberts, Danielle	CAH_MDL2804_03208474	CAH_MDL2804_03208638
Roberts, Danielle	CAH_MDL2804_03222571	CAH_MDL2804_03223588
Roberts, Danielle	CAH_MDL2804_03241252	CAH_MDL2804_03241412

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Roberts, Danielle	CAH_MDL2804_01572150	CAH_MDL2804_01572150
Roberts, Danielle	CAH_MDL2804_01572319	CAH_MDL2804_01572373
Roberts, Danielle	CAH_MDL2804_01755989	CAH_MDL2804_01755990
Roberts, Danielle	CAH_MDL2804_01824924	CAH_MDL2804_01904742
Roberts, Danielle	CAH_MDL2804_01904747	CAH_MDL2804_01938922
Roberts, Danielle	CAH_MDL2804_01938960	CAH_MDL2804_01944403
Roberts, Danielle	CAH_MDL2804_03247287	CAH_MDL2804_03247433
Roberts, Danielle	CAH_MDL2804_03248556	CAH_MDL2804_03248569
Ryu, Rich	CAH_MDL2804_01368765	CAH_MDL2804_01368767
Ryu, Rich	CAH_MDL2804_01572374	CAH_MDL2804_01582583
Ryu, Rich	CAH_MDL2804_01938923	CAH_MDL2804_01938959
Ryu, Rich	CAH_MDL2804_01944416	CAH_MDL2804_02046470
Ryu, Rich	CAH_MDL2804_02778654	CAH_MDL2804_02831416
Ryu, Rich	CAH_MDL2804_02906245	CAH_MDL2804_02906814
Ryu, Rich	CAH_MDL2804_03195232	CAH_MDL2804_03195257
Ryu, Rich	CAH_MDL2804_03208639	CAH_MDL2804_03208658
Ryu, Rich	CAH_MDL2804_03223589	CAH_MDL2804_03224539
Sands, Shayna	CAH_MDL2804_01282283	CAH_MDL2804_01286471
Sands, Shayna	CAH_MDL2804_02374879	CAH_MDL2804_02375435
Sands, Shayna	CAH_MDL2804_03224627	CAH_MDL2804_03224632
Scott, Jim	CAH_MDL2804_01289856	CAH_MDL2804_01303783
Scott, Jim	CAH_MDL2804_02098765	CAH_MDL2804_02099502
Scott, Jim	CAH_MDL2804_02375436	CAH_MDL2804_02382499
Scott, Jim	CAH_MDL2804_02906943	CAH_MDL2804_02906952
Scott, Jim	CAH_MDL2804_03192009	CAH_MDL2804_03192141

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Scott, Jim	CAH_MDL2804_03208659	CAH_MDL2804_03210264
Scott, Jim	CAH_MDL2804_03224540	CAH_MDL2804_03224626
Scott, Jim	CAH_MDL2804_03253323	CAH_MDL2804_03253329

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	Description	MDL Bates Range
1.	Documents produced in connection with <i>Ballengee v. CBS Broadcasting, Inc., et al.</i> , Case No. 17-cv-212 (S.D. W.Va.).	CAH_MDL_PRIORPROD_ACTION_0000001 – CAH_MDL_PRIORPROD_ACTION_0000008
2.	Documents produced to various state Attorneys General in 2017 and 2018.	CAH_MDL_PRIORPROD_AG_0000001 – CAH_MDL_PRIORPROD_AG_0015503
3.	Documents produced to the West Virginia Attorney General in 2013.	CAH_MDL_PRIORPROD_AG_0015504 – CAH_MDL_PRIORPROD_AG_0028687
4.	Documents produced to the Oklahoma Attorney General in 2009 and the New Jersey Attorney General's Office in 2018.	CAH_MDL_PRIORPROD_AG_0028688 – CAH_MDL_PRIORPROD_AG_0030153
5.	Documents produced to the California and Mississippi Boards of Pharmacy in 2018.	CAH_MDL_PRIORPROD_BOP_0000001 – CAH_MDL_PRIORPROD_BOP_0000029
6.	Documents produced to the California Board of Pharmacy in 2018.	CAH_MDL_PRIORPROD_BOP_0000030 – CAH_MDL_PRIORPROD_BOP_0000038
7.	Documents produced to the Oklahoma State Board of Pharmacy in 2008 and 2009, and the California Board of Pharmacy in 2012.	CAH_MDL_PRIORPROD_BOP_0000039 – CAH_MDL_PRIORPROD_BOP_0000935
8.	Documents produced to Lake County, Illinois in 2017.	CAH_MDL_PRIORPROD_CNTY_0000001 – CAH_MDL_PRIORPROD_CNTY_0000833
9.	Documents produced to the Drug Enforcement Administration in 2008.	CAH_MDL_PRIORPROD_DEA08_0000001 – CAH_MDL_PRIORPROD_DEA08_0000284
10.	Documents produced to the Drug Enforcement Administration in 2012.	CAH_MDL_PRIORPROD_DEA12_00000001 – CAH_MDL_PRIORPROD_DEA12_00015258
11.	Documents produced to the Committee on Energy and Commerce of the United States House of Representatives in 2017 and 2018.	CAH_MDL_PRIORPROD_HOUSE_0000001 – CAH_MDL_PRIORPROD_HOUSE_0004085
12.	Documents produced to the Committee on Homeland Security and Government Affairs of the United States Senate in 2018.	CAH_MDL_PRIORPROD_SENATE_0000001 CAH_MDL_PRIORPROD_SENATE_0000002
13.	Documents produced to the United States Attorney's Office for the District of Maryland in 2012.	CAH_MDL_PRIORPROD_USAO_0000001 – CAH_MDL_PRIORPROD_USAO_0001034
14.	Insurance agreements and insurance coverage charts.	CAH_MDL_INS_0000001 – CAH_MDL_INS_0003870
15.	Organizational chart for Cardinal Health's anti-diversion group.	CAH_MDL2804_00000001 – CAH_MDL2804_00000011

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	Description	MDL Bates Range
16.	Distributions of opioid medications to customers in the City of Cleveland, Cuyahoga County, and Summit County from 1/1/2013–5/29/2018.	CAH_MDL2804_00000012, CAH_MDL2804_00000014
17.	Records of suspicious order reports for customers in the City of Cleveland, Cuyahoga County, and Summit County from 1/1/2013–5/29/2018.	CAH_MDL2804_00000013
18.	Diligence files for customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_00000015 – CAH_MDL2804_00001851
19.	Information reflecting services for pharmacy customers.	CAH_MDL2804_00001852 – CAH_MDL2804_00001907
20.	Documents from the custodial file of Kimberly Anna-Soisson.	CAH_MDL2804_00001908 – CAH_MDL2804_00059047
21.	Policies and procedures related to order processing.	CAH_MDL2804_00059048 – CAH_MDL2804_00059300
22.	Distributions of non-opioid medications to customers in the City of Cleveland, Cuyahoga County, and Summit County from 1/1/2013–12/31/2017.	CAH_MDL2804_00059301
23.	Documents from the custodial file of Patrick Dudley.	CAH_MDL2804_00059302 – CAH_MDL2804_00094066
24.	Diligence files for additional Cardinal Health customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_00094067 – CAH_MDL2804_00094604
25.	Documents from the custodial files of Chris Lanctot and Ray Carney.	CAH_MDL2804_00094605 – CAH_MDL2804_00124799
26.	Working guidelines related to Cardinal Health's controlled substance anti-diversion program.	CAH_MDL2804_00124800 – CAH_MDL2804_00124924
27.	Documents from the custodial file of Ray Carney.	CAH_MDL2804_00124925 – CAH_MDL2804_00126426
28.	Documents from the custodial file of Chris Lanctot.	CAH_MDL2804_00126427 – CAH_MDL2804_00128084, CAH_MDL2804_00135239 – CAH_MDL2804_00135240
29.	Documents from the custodial file of Craig Baranski.	CAH_MDL2804_00128085 – CAH_MDL2804_00131582

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	Description	MDL Bates Range
30.	Documents from the custodial file of Kristine Fidler.	CAH_MDL2804_00131583 – CAH_MDL2804_00135202
31.	Settlement agreements with the DEA and West Virginia.	CAH_MDL2804_00135203 – CAH_MDL2804_00135238
32.	Distributions of opioid medications to customers in the City of Cleveland, Cuyahoga County, and Summit County from 1/1/1996–12/31/2012.	CAH_MDL2804_00135241
33.	Records of orders placed by customers in the City of Cleveland, Cuyahoga County, and Summit County that were held by Cardinal Health's anti-diversion system.	CAH_MDL2804_00135242
34.	Documents from the custodial file of Shirlene Justus.	CAH_MDL2804_00135243 – CAH_MDL2804_00617319
35.	Distributions of opioid medications to additional customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_00617320
36.	Documents from the custodial file of Ray Carney.	CAH_MDL2804_00617321 – CAH_MDL2804_00617630
37.	Documents from the custodial file of Chris Lanctot.	CAH_MDL2804_00617631 – CAH_MDL2804_00617995
38.	Distributions of non-opioid medications to customers in the City of Cleveland, Cuyahoga County, and Summit County from January 1, 1996.	CAH_MDL2804_00617996 – CAH_MDL2804_00618000
39.	Anti-diversion training materials.	CAH_MDL2804_00618001 – CAH_MDL2804_00618610
40.	Additional distributions of non-opioid medications to customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_00618611
41.	Chargeback data for opioid medications that were distributed to customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_00618612
42.	Additional anti-diversion training materials.	CAH_MDL2804_00618613 – CAH_MDL2804_00619124
43.	Additional information about Cardinal Health customers in the City of Cleveland, Cuyahoga County, and Summit County, including threshold information.	CAH_MDL2804_00619125 – CAH_MDL2804_00619126

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	Description	MDL Bates Range
44.	Documents from the custodial file of Ray Carney.	CAH_MDL2804_00619127 – CAH_MDL2804_00619636, CAH_MDL2804_00747716 – CAH_MDL2804_00747798
45.	Documents from the custodial file of Chris Lanctot.	CAH_MDL2804_00619637 – CAH_MDL2804_00620597
46.	Documents from the custodial file of Nick Rausch.	CAH_MDL2804_00620598 – CAH_MDL2804_00747715
47.	Suspicious order reports for customers in the City of Cleveland, Cuyahoga County, and Summit County from 1/1/2013–5/29/2018.	CAH_MDL2804_01287526 – CAH_MDL2804_01287713
48.	Additional materials about customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_01286472 – CAH_MDL2804_01287240, CAH_MDL2804_01287246 – CAH_MDL2804_01287525
49.	Compensation procedure.	CAH_MDL2804_01287241 – CAH_MDL2804_01287245
50.	Documents from the custodial file of Nick Rausch.	CAH_MDL2804_00747799 – CAH_MDL2804_00800020
51.	Documents from the custodial file of Michael Moné.	CAH_MDL2804_00800021 – CAH_MDL2804_00980947; CAH_MDL2804_01287714 – CAH_MDL2804_01288516
52.	Documents from the custodial file of Steve Morse.	CAH_MDL2804_00980948 – CAH_MDL2804_01085399
53.	Documents from the custodial file of Gilberto Quintero.	CAH_MDL2804_01085400 – CAH_MDL2804_01122174; CAH_MDL2804_01288517 – CAH_MDL2804_01289316

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	Description	MDL Bates Range
54.	Documents from the custodial file of Patrick Dudley.	CAH_MDL2804_01122175 – CAH_MDL2804_01230100; CAH_MDL2804_01289317 – CAH_MDL2804_01289855
55.	Documents from the custodial file of Kimberly Anna-Soisson.	CAH_MDL2804_01230101 – CAH_MDL2804_01271934
56.	Documents from the custodial file of Shirlene Justus.	CAH_MDL2804_01271935 – CAH_MDL2804_01281183
57.	Documents from the custodial file of Christina Bean.	CAH_MDL2804_01281184 – CAH_MDL2804_01282282
58.	Documents from the custodial file of Shanya Sands.	CAH_MDL2804_01282283 – CAH_MDL2804_01286471
59.	Policies and procedures related to ARCOS reporting.	CAH_MDL2804_02098431 – CAH_MDL2804_02098560
60.	Additional threshold information about customers in the City of Cleveland, Cuyahoga County, and Summit County	CAH_MDL2804_02098561
61.	Documents from the custodial file of Jim Scott.	CAH_MDL2804_01289856 – CAH_MDL2804_01303783; CAH_MDL2804_02098765 – CAH_MDL2804_02099502
62.	Documents from the custodial file of Steve Reardon.	CAH_MDL2804_01303784 – CAH_MDL2804_01368767; CAH_MDL2804_02099503 – CAH_MDL2804_02099902; CAH_MDL2804_02101809 – CAH_MDL2804_02103116
63.	Documents from the custodial file of Linden Barber.	CAH_MDL2804_01368768 – CAH_MDL2804_01375983
64.	Documents from the custodial file of Robert Giacalone.	CAH_MDL2804_01375984 – CAH_MDL2804_01572149

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	Description	MDL Bates Range
65.	Documents from the custodial file of Kim Howenstein.	CAH_MDL2804_01572150 – CAH_MDL2804_01717311; CAH_MDL2804_02099903 – CAH_MDL2804_02099947
66.	Documents from the custodial file of Ullrich Mayeski.	CAH_MDL2804_01717312 – CAH_MDL2804_01824923
67.	Documents from the custodial file of Danielle Roberts.	CAH_MDL2804_01824924 – CAH_MDL2804_01944403
68.	Documents from the custodial file of Rich Ryu.	CAH_MDL2804_01944404 – CAH_MDL2804_02046470
69.	Documents from the custodial file of Todd Cameron	CAH_MDL2804_02046471 – CAH_MDL2804_02098226
70.	Documents from the custodial file of Craig Baranski	CAH_MDL2804_02098227 – CAH_MDL2804_02098399
71.	Documents from the custodial file of Kristine Fidler	CAH_MDL2804_02098400 – CAH_MDL2804_02098430; CAH_MDL2804_02099948 – CAH_MDL2804_02101746
72.	Documents from the custodial file of Christina Bean.	CAH_MDL2804_02098561 – CAH_MDL2804_02098764
73.	Contracts with third parties.	CAH_MDL2804_02101747 – CAH_MDL2804_0210179
74.	Communications with the DEA.	CAH_MDL2804_02101800 – CAH_MDL2804_02101807
75.	Additional information about customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_02101808
76.	Documents produced in prior litigation.	CAH_MDL_PRIORPROD_ACTION_0000009 – CAH_MDL_PRIORPROD_ACTION_0000647.

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	Description	MDL Bates Range
77.	Documents from the custodial file of Nick Rausch.	CAH_MDL2804_02103117 – CAH_MDL2804_02136863
78.	Documents from the custodial file of Michael Moné.	CAH_MDL2804_02136864 – CAH_MDL2804_02269061
79.	Documents from the custodial file of Steve Morse.	CAH_MDL2804_02269062 – CAH_MDL2804_02284591
80.	Documents from the custodial file of Gilberto Quintero.	CAH_MDL2804_02284592 – CAH_MDL2804_02339347
81.	Documents from the custodial file of Patrick Dudley.	CAH_MDL2804_02339348 – CAH_MDL2804_02348098
82.	Documents from the custodial file of Kimberly Anna-Soisson.	CAH_MDL2804_02348099 – CAH_MDL2804_02352879
83.	Documents from the custodial file of Shirlene Justus.	CAH_MDL2804_02352880 – CAH_MDL2804_02374801
84.	Documents from the custodial file of Christina Bean.	CAH_MDL2804_02374802 – CAH_MDL2804_02374878
85.	Documents from the custodial file of Shanya Sands.	CAH_MDL2804_02374879 – CAH_MDL2804_02375435
86.	Documents from the custodial file of Jim Scott.	CAH_MDL2804_02375436 – CAH_MDL2804_02382499
87.	Documents from the custodial file of Steve Reardon.	CAH_MDL2804_02382500 – CAH_MDL2804_02404227;
88.	Documents from the custodial file of Nick Rausch.	CAH_MDL2804_02874951 – CAH_MDL2804_02879400
89.	Documents from the custodial file of Linden Barber.	CAH_MDL2804_02404228 – CAH_MDL2804_02410054
90.	Documents from the custodial file of Robert Giacalone.	CAH_MDL2804_02410055 – CAH_MDL2804_02640232

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	Description	MDL Bates Range
91.	Documents from the custodial file of Kim Howenstein.	CAH_MDL2804_02640233 – CAH_MDL2804_02698240
92.	Documents from the custodial file of Ullrich Mayeski.	CAH_MDL2804_02698241 – CAH_MDL2804_02749607
93.	Documents from the custodial file of Danielle Roberts.	CAH_MDL2804_02749608 – CAH_MDL2804_02778653
94.	Documents from the custodial file of Rich Ryu.	CAH_MDL2804_02778654 – CAH_MDL2804_02831416
95.	Documents from the custodial file of Todd Cameron.	CAH_MDL2804_02831417 – CAH_MDL2804_02873801
96.	Documents from the custodial file of Craig Baranski.	CAH_MDL2804_02873802 – CAH_MDL2804_02874777
97.	Documents from the custodial file of Kristine Fidler.	CAH_MDL2804_02874778 – CAH_MDL2804_02874926
98.	Additional information about thresholds for customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_02879401 – CAH_MDL2804_02879402
99.	Additional information about customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_02879403 – CAH_MDL2804_02879958
100.	Documents relating to DEA registrations, registration applications, and standard operating procedures related to controlled substances.	CAH_MDL2804_02879959 – CAH_MDL2804_02881287
101.	Documents from the Wheeling West Virginia Distribution Center.	CAH_MDL2804_02881288 – CAH_MDL2804_02881813
102.	Documents from the custodial file of Mark Hartman.	CAH_MDL2804_02881814 – CAH_MDL2804_02881839
103.	Documents from the custodial file of Eric Brantley.	CAH_MDL2804_02881840 – CAH_MDL2804_02883851

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	Description	MDL Bates Range
104.	Documents from the custodial file of Nick Rausch.	CAH_MDL2804_02107571 – CAH_MDL2804_02107580; CAH_MDL2804_02883852 – CAH_MDL2804_02888318
105.	Compensation policies and procedures.	CAH_MDL2804_02888319 – CAH_MDL2804_02889116
106.	Data sent to manufactures about customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_02889117
107.	Contracts between Cardinal Health and manufacturers.	CAH_MDL2804_02889118 – CAH_MDL2804_02898702
108.	Documents from the custodial file of Steve Reardon.	CAH_MDL2804_02898703 – CAH_MDL2804_02899222; (particular documents in this range) CAH_MDL2804_02101822 – CAH_MDL2804_02102710
109.	Documents from the custodial file of Gilberto Quintero.	CAH_MDL2804_01088749 – CAH_MDL2804_02903952 (particular documents in this range); CAH_MDL2804_02329498 – CAH_MDL2804_02906104
110.	Documents from the custodial file of Robert Giacalone.	CAH_MDL2804_02906105 – CAH_MDL2804_02906244
111.	Documents from the custodial file of Richard Ryu.	CAH_MDL2804_02906245 – CAH_MDL2804_02906814
112.	Documents from the custodial file of Linden Barber.	CAH_MDL2804_02906815 – CAH_MDL2804_02906881
113.	Documents from the custodial file of Shirlene Justus.	CAH_MDL2804_02906882 – CAH_MDL2804_02906942
114.	Documents from the custodial file of Jim Scott.	CAH_MDL2804_02906943 – CAH_MDL2804_02906952

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	Description	MDL Bates Range
115.	Additional anti-diversion training material and standard operating procedures.	CAH_MDL2804_02903953 – CAH_MDL2804_02905699
116.	Internal audit reports.	CAH_MDL2804_02905700 – CAH_MDL2804_02905714
117.	Documents from the custodial file of Steve Morse.	CAH_MDL2804_02906953 – CAH_MDL2804_02908070
118.	Documents from the custodial file of Kimberly Anna-Soisson.	CAH_MDL2804_02350291 – CAH_MDL2804_02350292; CAH_MDL2804_02908071 – CAH_MDL2804_02909176
119.	Documents from the custodial file of Linden Barber.	CAH_MDL2804_01371784 – CAH_MDL2804_01372140
120.	Documents from the custodial file of Todd Cameron.	CAH_MDL2804_02046588 – CAH_MDL2804_02046588_005; CAH_MDL2804_02047351 – CAH_MDL2804_02047369; CAH_MDL2804_02048430 – CAH_MDL2804_02048434; CAH_MDL2804_02909177 – CAH_MDL2804_02912037
121.	Documents from the custodial file of Robert Giacalone.	CAH_MDL2804_01503409 – CAH_MDL2804_01503411_017; CAH_MDL2804_02601436; CAH_MDL2804_02603640 – CAH_MDL2804_02603641; CAH_MDL2804_02603647 – CAH_MDL2804_02603648; CAH_MDL2804_02914050 – CAH_MDL2804_02925447

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	Description	MDL Bates Range
122.	Documents from the custodial file of Ullrich Mayeski.	CAH_MDL2804_02700342 – CAH_MDL2804_02700343; CAH_MDL2804_02930354 – CAH_MDL2804_02933441
123.	Documents from the custodial file of Michael Moné.	CAH_MDL2804_00837707 – CAH_MDL2804_00837714; CAH_MDL2804_00884222 – CAH_MDL2804_00884229; CAH_MDL2804_02933442 – CAH_MDL2804_02947978
124.	Documents from the custodial file of Gilberto Quintero.	CAH_MDL2804_01102739 – CAH_MDL2804_01102746
125.	Documents from the custodial file of Steve Reardon.	CAH_MDL2804_01368258 – CAH_MDL2804_01368260
126.	Documents from the custodial file of Patrick Dudley.	CAH_MDL2804_02912038 – CAH_MDL2804_02914049
127.	Documents from the custodial file of Kim Howenstein.	CAH_MDL2804_02925448 – CAH_MDL2804_02930353
128.	Documents from the custodial file of Danielle Roberts.	CAH_MDL2804_02947979 – CAH_MDL2804_02952740
129.	Additional anti-diversion materials, including presentations, reports, communications, and contracts.	CAH_MDL2804_02952741 – CAH_MDL2804_02953240
130.	Additional information about customers in the City of Cleveland, Cuyahoga County, and Summit County.	CAH_MDL2804_02953241 – CAH_MDL2804_02953297
131.	Report reflecting additional orders placed by customers in the City of Cleveland, Cuyahoga County, and Summit County that were held by Cardinal Health's anti-diversion system.	CAH_MDL2804_02953298
132.	Personnel file of Gilberto Quintero.	CAH_MDL2804_02953299 – CAH_MDL2804_02953368

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	Description	MDL Bates Range
133.	Transcript of testimony provided by Todd Cameron pursuant to an investigative subpoena from the Montana Attorney General.	CAH_MDL2804_02953369 – CAH_MDL2804_02954285
134.	Materials related to manufacturer marketing services.	CAH_MDL2804_02954286 – CAH_MDL2804_02960029
135.	Tableau files.	Cardinal – Tableau – 000001 through Cardinal – Tableau – 000520
136.	Personnel file of Steve Morse.	CAH_MDL2804_02960030 – CAH_MDL2804_02960087
137.	Agreed-upon privilege downgrades.	CAH_MDL2804_02960093 – CAH_MDL2804_02960137; CAH_MDL2804_00620589 – CAH_MDL2804_00620593; CAH_MDL2804_02102394 – CAH_MDL2804_02102927
138.	Data received from Symphony Health.	CAH_MDL2804_02960088 – CAH_MDL2804_02960092
139.	Additional documents related to manufacturer marketing services.	CAH_MDL2804_02960138 – CAH_MDL2804_02960760
140.	Data received from IQVIA/IMS.	CAH_MDL2804_02960761
141.	Agreed-upon privilege downgrades.	CAH_MDL2804_02960762 – CAH_MDL2804_02960809
142.	Documents produced to the Drug Enforcement Administration in 2007 and 2008.	CAH_MDL_PRIORPROD_DEA08_0000283-R – 0000284-R, CAH_MDL_PRIORPROD_DEA07_00813895-R – 01174924-R and CAH_MDL_PRIORPROD_DEA07_01174971-R – 02634858-R

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	Description	MDL Bates Range
143.	Documents from the custodial file of George Barrett.	CAH_MDL2804_03159379 – CAH_MDL2804_03188059; CAH_MDL2804_03188060 – CAH_MDL2804_03191400
144.	Documents from the custodial file of Chris Forst.	CAH_MDL2804_02961069 – CAH_MDL2804_03159378
145.	Additional documents related to Mark Hartman.	CAH_MDL2804_02960908 – CAH_MDL2804_02961068
146.	Personnel file of Steve Lawrence.	CAH_MDL2804_02960810 – CAH_MDL2804_02960907
147.	Personnel file of Kimberly Howenstein.	CAH_MDL2804_03191401 – CAH_MDL2804_03191495
148.	Agreed-upon privilege downgrades.	CAH_MDL2804_02103745 – CAH_MDL2804_02843200; CAH_MDL2804_03191496 – CAH_MDL2804_03192141; CAH_MDL2804_03192284 – CAH_MDL2804_03195200
149.	Contract between Cardinal Health and BuzzeoPDMA LLC.	CAH_MDL2804_03192142 – CAH_MDL2804_03192158
150.	Contracts between Cardinal Health and IMS/IQVIA or affiliated entities. These documents were provided to Cardinal Health by IMS/IQVIA.	CAH_MDL2804_03192159 – CAH_MDL2804_03192283
151.	Results from analysis related to the 2008 Memorandum of Agreement between Cardinal Health and the DEA.	CAH_MDL2804_03195201 – CAH_MDL2804_03195214
152.	Personnel files of Doug Emma and Rich Ryu.	CAH_MDL2804_03195215 – CAH_MDL2804_03195257

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	Description	MDL Bates Range
153.	Privilege downgrades and additional documents from the custodial files of Kimberly Anna-Soisson, Linden Barber, Todd Cameron, Michael Mone, Steve Morse, Gilberto Quintero, Nicholas Rausch, Steve Reardon, Rich Ryu, Kimberly Howenstein, Shirlene Justus, Patrick Dudley, Robert Giacalone, Ullrich Mayeski, Danielle Roberts, and Jim Scott.	CAH_MDL2804_03195310 – CAH_MDL2804_03210264
154.	Agreed-upon privilege downgrades.	CAH_MDL2804_03210387 – CAH_MDL2804_03212431
155.	Documents reflecting ingredient limit reports.	CAH_MDL_PRIORPROD_DEA07_00160746-R – CAH_MDL_PRIORPROD_DEA07_02801217-R (particular documents in this range)
156.	Personnel file of Chris Forst.	CAH_MDL2804_03195258 – CAH_MDL2804_03195309
157.	Privilege downgrades and additional custodial file documents.	CAH_MDL2804_02845136 – CAH_MDL2804_02873251_001
158.	Personnel file of Tom Convery.	CAH_MDL2804_03210265 – CAH_MDL2804_03210386
159.	Family members of agreed-upon privilege downgrades.	CAH_MDL2804_02102422 – CAH_MDL2804_02102444
160.	Personnel file of Kimberly Anna-Soisson.	CAH_MDL2804_03212432 – CAH_MDL2804_03212460
161.	Tableau files for Cardinal Health customers in the City of Cleveland, Cuyahoga County, and Summit County.	Cardinal – Tableau – 000521 – Cardinal – Tableau – 000527; CAH_MDL2804_03212550 – CAH_MDL2804_03212556
162.	Contracts between Cardinal Health and its customers.	CAH_MDL2804_03212557 – CAH_MDL2804_03213887
163.	Additional privilege downgrades.	CAH_MDL2804_02168589 – CAH_MDL2804_02900302

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	Description	MDL Bates Range
164.	Additional documents determined to be responsive during internal production audits, including documents from the custodial files of Kimberly Anna-Soisson, Linden Barber, Todd Cameron, Patrick Dudley, Kristine Fidler, Christopher Forst, Robert Giacalone, Kim Howenstein, Shirlene Justus, Ullrich Mayeski, Michael Mone, Steve Morse, Gilberto Quintero, Nicholas Rausch, Steve Reardon, Danielle Roberts, Rich Ryu, Shayna Sands, and Jim Scott.	CAH_MDL2804_03213924 – CAH_MDL2804_03224632
165.	Hard copies of GenerationRX materials.	CAH_MDL2804_03224633 – CAH_MDL2804_03225599
166.	Electronic GenerationRX materials.	CAH_MDL2804_03225600 – CAH_MDL2804_03226645
167.	GenerationRX materials and documents.	CAH_MDL2804_03226646 – CAH_MDL2804_03240087
168.	Corrected images for previously produced documents.	CAH_MDL2804_02382555 – CAH_MDL2804_02382558_009
169.	Additional information about Cardinal Health customers in Summit County, Cuyahoga County, City of Akron and City of Cleveland.	CAH_MDL2804_03240088 – CAH_MDL2804_03240088
170.	Documents related to a logistic regression model.	CAH_MDL2804_03213888 – CAH_MDL2804_03213923
171.	Microsoft Access databases.	CAH_MDL2804_03240089 – CAH_MDL2804_03240736
172.	Documents produced to the Drug Enforcement Administration in 2007 and 2008.	CAH_MDL_PRIORPROD_DEA07_00813966-R – CAH_MDL_PRIORPROD_DEA07_02163930-R
173.	Additional privilege downgrades.	CAH_MDL2804_03240737 – CAH_MDL2804_03247051
174.	Additional privilege downgrades and corrected images for previously produced documents.	CAH_MDL2804_02161948 – CAH_MDL2804_03207545

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	Description	MDL Bates Range
175.	Contracts between Cardinal Health and IMS/IQVIA or affiliated entities. These documents were provided to Cardinal Health by IMS/IQVIA	CAH_MDL2804_03247052 – CAH_MDL2804_03247074
176.	Additional privilege downgrades	CAH_MDL2804_03247075 – CAH_MDL2804_03248263
177.	Additional privilege downgrades	CAH_MDL2804_02323483 – CAH_MDL2804_02323509
178.	Michael Mone's personnel file	CAH_MDL2804_03212461 – CAH_MDL2804_03212549
179.	Additional privilege downgrades	CAH_MDL2804_03248264 – CAH_MDL2804_03253428
180.	Additional privilege downgrades	CAH_MDL2804_03253429 – CAH_MDL2804_03253599
181.	Additional privilege downgrades	CAH_MDL2804_02144228 – CAH_MDL2804_02862007
182.	Additional privilege downgrades	CAH_MDL2804_02107158 - CAH_MDL2804_03247048
183.	Additional privilege downgrades	CAH_MDL2804_02384310 - CAH_MDL2804_02631485_011
184.	Documents related to the Ohio Board of Pharmacy	CAH_MDL2804_03253600 - CAH_MDL2804_03253611
185.	Documents related to the Audit Committee.	CAH_MDL2804_03253612 - CAH_MDL2804_03263592
186.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_00000001-R - CAH_MDL_PRIORPROD_DEA07_00813894-R
187.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_00009242-R - CAH_MDL_PRIORPROD_DEA07_00803485-R
188.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_01174677.1 - CAH_MDL_PRIORPROD_DEA07_01174894.1

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	Description	MDL Bates Range
189.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_01174925-R – CAH_MDL_PRIORPROD_DEA07_01174970-R
190.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_01435049-R – CAH_MDL_PRIORPROD_DEA07_02715883-R
191.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_01439062-R – CAH_MDL_PRIORPROD_DEA07_02681268-R
192.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_02715884-R - CAH_MDL_PRIORPROD_DEA07_02806264-R
193.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA07_02716122-R - CAH_MDL_PRIORPROD_DEA07_02806254-R
194.	Documents produced to the Drug Enforcement Administration in 2007 and 2008	CAH_MDL_PRIORPROD_DEA08_0000001-R- CAH_MDL_PRIORPROD_DEA08_0000282-R

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CERTIFICATE OF SERVICE

I, Matthew Monahan, counsel for Cardinal Health, Inc., certify that on March 4, 2019, I caused the foregoing to be served via electronic mail on the agreed-upon listservs established pursuant to the Order on Service in Track One Cases, Dkt. No. 983 (Sept. 17, 2018).

/s/ Matthew C. Monahan
Matthew C. Monahan